

**EFFECTIVENESS OF MINDFULNESS MEDITATION ON
DEPRESSION AMONG SENIOR CITIZENS IN A SELECTED
OLD AGE HOME AT COIMBATORE.**

BY

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**DISSERTATION SUBMITTED TO THE TAMIL NADU Dr. M.G.R.
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF
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CERTIFIED THAT THIS IS THE BONAFIDE WORK DONE

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CHERRAAN'S COLLEGE OF NURSING,
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SUBMITTED, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
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ABSTRACT

Statement of the problem:. A study was conducted to evaluate the effectiveness of mindful meditation on depression among Senior Citizens in Vasavi Muthiyor Illam at Coimbatore. **Objectives:**(a) To assess the level of depression before and after meditation among senior citizen.(b)To determine the effectiveness of meditation on depression among senior citizen.(c)To find out the association between post test depression level with their selected demographic variables.**Methodology:** The study was conducted by adopting quasi experimental one group pre test-post test design. 62 senior citizens were selected by using purposive sampling technique. Mindful meditation was given to 62 senior citizens for 22 days. **Results:**The present study showed that the 't' value was significant at 0.05 level. Among the samples the mean post test score of depression(9.323) was less than that of the mean pretest score of depression(18.6452). The difference between the pre test and post test mean score was significant at 0.05 levels.**Conclusion:**The study revealed that the depression level had reduced after mindful meditation.

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CHAPTER – I

INTRODUCTION

“Grow old along with me!

The best is yet to be

The last of life, for which

The first was made.....

-ROBERT BROWNING, Rabbi ben Ezra

BACKGROUND OF THE STUDY

A silent revolution has occurred in the last 100 years unseen, unheard & yet so close. The biggest achievement of the century is longevity. All over the world, life expectancy has raised leading to a sharp rise in the number of older persons. Ageing is a universal, normal, inevitable biological phenomenon. The society which fosters research to save human life cannot escape the responsibility for the life thus extended. Ageing is generally defined as a process of deterioration in the functional capacity of one individual that results from structural changes. India is growing older.

The Indian family has traditionally provided natural social security to the old people. However, in more recent times, the traditional role of the family is being shared by institutions such as old age homes. Many of the elderly parents are compelled to leave their children and stay in old age homes. The old age homes, which were a rarity, have recently spread across the country, a fact that indicates the growing rift between the generations.

However, this is not without problem. With this kind of scenario, there is pressure on all aspects of care of the older persons in financial, health or shelter. Life events which affect the majority of the retired seniors, changes in income level, physical changes (including illness) and changes in social support networks. These events may negatively affect senior's well being by increasing social isolation, loneliness, depression and suicidal thought etc.

Among the mental health problems, depression is especially prevalent among older adults. In a large retrospective self-reported study, 17.8% of females and 9.4% of males who were older than 60 years were diagnosed with lifetime depression. In addition, epidemiological studies show that the death rates for individuals who are older than 55 years and with the diagnosis of major Depressive disorder will increase four fold. Therefore, obtaining adequate health care resources in case of older adults is a challenge and critical issue in 21st century.

Depression red flags include: Sadness, Fatigue, Abandoning or losing interest in hobbies or other pleasurable pastimes, Social withdrawal and isolation, Weight loss; loss of appetite Sleep disturbances, Loss of self-worth, Increased use of alcohol or other drugs, Fixation on death; suicidal thoughts or attempts, Depression without sadness. They may complain, instead, of low motivation, a lack of energy, or physical problems. In fact, physical complaints, such as arthritis pain or headaches that have gotten worse, are often the predominant symptom of depression in the elderly. They may constantly wring their hands, pace around the room, or fret obsessively about money, their health, or the state of the world. Older adults who deny feeling sad or depressed may still have major depression. Hopelessness, helplessness, anxiety and worries, memory problems, loss of feeling of pleasure, slowed movement, irritability, lack of interest in personal care .

It is seen that providing health services to the old people who live in the nursing home is very necessary and important. It is thought that evaluation of the spare time and planning of the social activities will affect the level of depression in positive way. so the researcher is interested to use the Mindfulness meditation, this refers to the discussion of past activities, events and experiences with another person or group of people, usually, with the aid of tangible prompts such as photographs, households and other familiar items from the past, music and sound recordings which prevent or reduce depression and increases life satisfaction; improve self care and help older adults deal with crisis, losses and life transitions can change the attitude of elderly persons to accept the old age a global phenomenon.

NEED FOR THE STUDY

The 21st century is often called the “*Age of Ageing*” one of the world greatest challenges of the present century is the enormous increase in the absolute number and proportion of older persons in the world. According to the United nation’s projections by the year 2050, the number of older persons is expected to be more than three fourth, from 600 million to almost 2 billion. As per 2013 census India has a population of 1.21 billion. Out of this, the elderly constitutes 80 million or 8%. Age wise data in census of India indicates that India’s ageing population is on the rise. In India, life expectancy has gone up in last 20 years from the beginning of the century to 62 years today.

Statistical dimension of senior citizen

Seventy seven million elderly population(projected to 177 million in 2025), 90% with no social security, 30% of older persons live below the poverty line,33% of older persons live just marginally over the poverty online, 80% of older persons live in rural areas,73% are illiterate and can only be engaged in physical labor. 55% of old women’s are widows, There are nearly 2, 00,000 centenarians in India. Data released by the census commission reveals that India’s population is steadily ageing, though not as rapidly as was projected by United Nations demographers. The proportion of people over 60 years has crossed 9% of India’s 1.21 billion population, qualifying it as an ageing country as defined by the United Nations. According to data in India, there are a little over 76.6 million people above 60 years, constituting 7.2%of population. According to WHO estimation, India’s aged population (76.6 million) currently the 2nd largest in the world will touch 37 million by 2021. According to United Nations one of every 10 persons is now 60 years or older. By 2050 one of five will be 60 years old; by 2150; it will be one of three people.

Reasons for an increase in old age homes

Advancement in medical/health technologies, Gradual fall in mortality rate, increased awareness, better nutrition, increased life expectancy, increasing longevity, disintegration of the joint families proliferation of nuclear families, migration of

people to urban areas, apartment system of dwelling with limited space for lateral movements and growing employment in overseas have all been factors that are contributing to the mushrooming of old age homes and shelters for the abandoned old people in the society, there are approximately 728 old age homes in India today. Kerala state has the highest number of old age homes 123 followed by Tamil Nadu state 115, Karnataka 56.

Mental health problems in old age

Ageing is associated with poor mental health especially high level of gero-psychiatric disorders are major obstracter to health and quality of life in these elderly people can be promoted through prompt problem recognition and prevention. Elderly patient present an enormous challenges to the mental health care system. Statistics have shown a high rate of mental disorders, especially depression among the population group. Although depression is not necessarily associated with ageing and old age, a significant number of seniors do experience clinical level of depression. There is a higher rate of depression among patient with serious medical problems (25%) further among older adults living in nursing homes and residential settings. The rate of depression is even higher (between 30%-50%).

A study done to examine variables associated with depressions that have been linked to failure to thrive syndrome on the elderly.130 residents from the urban nursing homes were interviewed. Result of the study supported the hypothesis that elderly nursing home residents were identified as depressed by the geriatric depression scale experienced less comfort with being touched, poorer esteem and fewer social resources then the residents who were not depressed.

As a general rule, non-pharmacological treatment option for depression should always be available. In particular, cognitive behavior therapy, interpersonal therapy, problem-solving therapy and Mindfulness meditation are effective treatments. Mindfulness meditation is one form of intervention that has been tested to alleviate these psychological incidences of gero-psychiatric disorders.

Students have examined the benefits of Mindfulness meditation for the elderly and concluded that Mindfulness meditation generally reduces depression and confusion. Mindfulness meditation is a nurse initiated intervention that has the advantages of being cost-effective, therapeutic, social and recreational for the institutionalized depressed older adults.

The above studies have shown elderly residing in old age home suffers from depression and are reportedly under-recognized, this must be intervened as soon as possible with the available non pharmacological measures. Relevant studies provide clear and strong evidences about the effectiveness of Mindfulness meditation in depression and the inexpensive, flexible intervention improves psychological wellbeing of the caregiver. These related reviews have inspired and motivated the investigator to select this study.

STATEMENT OF THE PROBLEM

Effectiveness of Mindfulness Meditation on depression among senior citizen in a selected old Age home at coimbatore

OBJECTIVES

- To assess the level of depression before and after meditation among senior citizen.
- To determine the effectiveness of meditation on depression among senior citizen.
- To find out the association between post test depression level with their selected demographic variables.

HYPOTHESIS

There will be a significant difference in the depression level among the senior citizens before and after Mindfulness meditation.

OPERATIONAL DEFINITIONS

a) Effectiveness:

Refers to residential outcome of Mindfulness meditation in reducing the level of depression among the senior citizens residing in old age home and was measured by Brink et al geriatric depression scale.

b) Mindfulness meditation:

Mindfulness meditation is a form in which distracting thoughts and feelings are not ignored but instead acknowledged and observed non- judgmentally as they arise in order to detach from them and gain insight and awareness. Mindfulness meditation will be administered for the duration of 20 minutes.

c) Depression:

Refers to a state of mood in which the individual is sad, worried, loses interest in life and loses energy, feels helpless, hopeless and worthless.

d) Senior citizens:

Refer to the individual who were above 60 years of age.

e) Old Age Home:

Refers to residential facilities in which elders were admitted to live.

ASSUMPTIONS

- ❖ Most of the senior citizens suffer from depression.
- ❖ Mindfulness meditation assists the senior citizens to resolve conflicts deals with past losses, recognize and appreciate inner resources and find meaning in the Significant past life events.
- ❖ Nurse's have an important role in reduction of depression among the senior citizens in various settings.
- ❖ Mindfulness meditation has no adverse effects on senior citizens.

DELIMITATIONS

- ❖ Study was limited to senior citizens of age groups 60 - 89 years.
- ❖ Study was limited to senior citizens who are residing in selected old age home.
- ❖ Study was limited to senior citizens with mild or moderate level of depression.

PROJECTED OUTCOME

- ❖ The findings of the study will enable to evaluate the effectiveness of Mindfulness meditation on reduction of depression level after 22 days of intervention.

CONCEPTUAL FRAMEWORK

MODIFIED WIEDENBACH'S HELPING ART OF CLINICAL NURSING THEORY

This study was based upon modified Wiedenbach's Helping Art Clinical Nursing Theory (1969). The central purpose in this theory refers to what the nurse wants to accomplish. A nurse develops a prescription based on the central purpose and implements according to the reality of the situation.

The prescriptions are:

- I. Actions appropriate to implement a plan to carry out the actions in accordance with the central purpose. Actions may be voluntary (intended response), or involuntary (unintended response).
- II. 3 voluntary actions:
 - Mutually understood and agreed upon action. The recipient understands the implication of the action and is receptive to it.
 - Recipient- directed action. Recipient directs the way the action is carried out.
 - Practitioner-directed action. Practitioner carries out the action.
- III. The realities. After the nurse determines the central purpose and has developed the prescription she considers the realities.

The main concepts of this theory are

Step I: Identifying the need for help.

Step II: Ministering the needed help.

Step III: Validating that the need for help was met.

Identifying the need for help:

It involves viewing the patient as an individual with unique experiences. Determining a patient's need for help is based on the existence of a need whether the patient realizes the need and what prevents the patient from meeting the need. In this study it refers to the assessment of level of depression among the elderly before administering Mindfulness meditation.

Ministering the needed help:

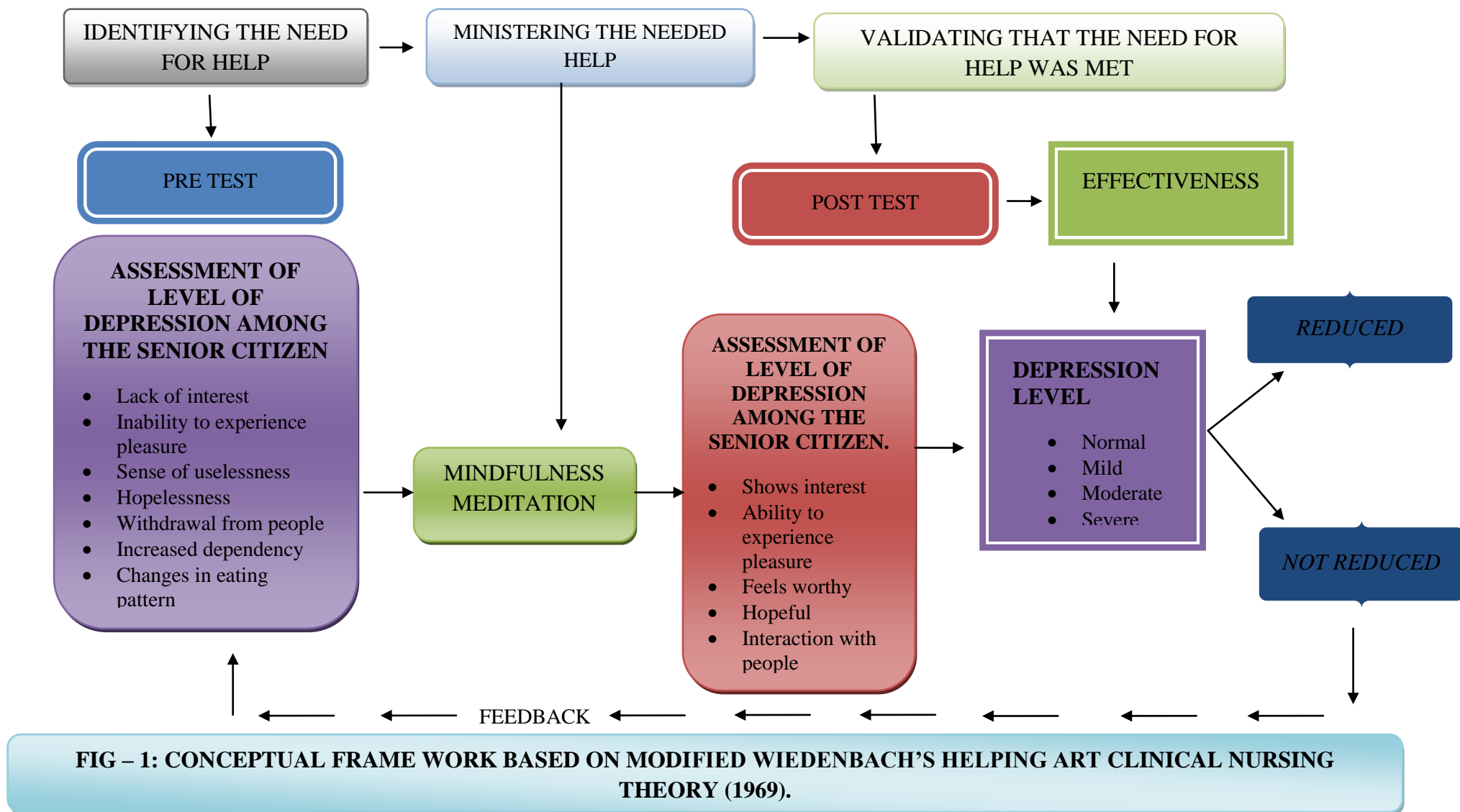
It means the provision of needed help. This requires an identified need and a patient who wants help. In this study it refers to ministering Mindfulness meditation to the senior citizens with mild or moderate depression. This will be administered both in individual and group sessions.

Validating that the needed help was met:

It means collection of evidence that shows the patient's need have been met and his functional ability has been restored as a direct result of the nurse's action. In this study it refers to post assessment level depression after Mindfulness meditation.

SUMMARY:

This chapter deals with the objectives of the study which the investigator formulated in order to conduct the study, hypothesis, operational definitions, delimitations and conceptual framework.



CHAPTER – II

REVIEW OF LITERATURE

The review of literature was done from published articles, textbooks, reports and Medline search. Literature reviewed is organized and presented under the following headings.

Part-I : Studies Related to Depression.

Part –II : Studies Related to Mindfulness meditation.

Part-III : Studies Related to Effects of Mindfulness meditation on Depression.

PART-I

STUDIES RELATED TO DEPRESSION

Eisses AM, Ormel J et al; (2013). Conducted a cross – sectional and longitudinal study on prevalence and incidence of depression in residential homes for the elderly in Drenthe, Netherland. Out of 479, 295 non – depressed subjects were estimated the incidence rate after six months. The results showed the prevailing of major depression was 4.1% and the same rate was found for minor depression. The six months incidence of major and minor depression combined was 2.1% the prevalence rate for depressive disorders obtained was twice as high as reported for the advance elderly in the general population, where as the rate were lower than those usually found in residential homes.

Murata C, Kondo I.K et al; (2012), investigated the prevalence of depression by area and socio –economic status (SES) Study participants were 32,891 Japanese elderly aged 65 and over who responded to a postal survey conducted in 15 municipalities, depression was assessed using a short version of the Geriatric Depression scale (GDS -15) This study findings suggested that depression was still significantly more associated with lower SES and residential area.

Post E.P, Miller M.D et al; (2012), conducted a study on treatment of depression in older primary care patients and found that depression in older adults was associated with substantial morbidity as well as mortality related to both suicide and non-suicide causes. Lessening the burden of untreated depression in the elderly requires a flexible approach to treatment that incorporates the patient's life circumstances and treatment preference

Hilderink P.H, Benraad C.E et al; (2011), did a study on medically unexplained symptoms in older adults and referred 3 women aged 75, 75 and 65 years, respectively, in an outpatient clinic for medically unexplained symptoms (MUS). These cases illustrate the heterogeneity and complexity of MUS in elderly patients, which requires broad, multidisciplinary clinical examination by a geriatrician, psychiatrist and psychologist. These cases illustrate the diversity and complexity of MUS in elderly patients and underscore the diagnostic appropriateness of the bio- psycho-social paradigm.

Crane M.K, Bogner H.R et al; (2010), conducted a study to examine the relationship between depressive symptoms and subject memory problems. In regression models that included terms for age, gender and cognitive measures, depressive symptoms were significantly inversely associated with the global self-assessment of memory ($\beta = -0.019$; $P = 0.006$). This study showed that assessment and successful interventions for memory complaints in non demented older adults need to account for negative cognitive bias as well as depressive symptoms.

Royall D.R, Schillerstrom J.E et al; (2010), conducted a study to find association between depressive symptoms and mortality was assessed in a 7-year longitudinal follow-up of subjects referred for gerio-psychiatric Consultation. Geriatric Depression Scale was used for this study. As result, fifty percent of subjects with $GDS > 6$ ($n=28$) died by 19 months versus 54 months for subjects with $GDS < 7$ ($n=61$) ($\chi^2 = 13.2, df = 1, p < .001$) This study showed that medical burden, age, and gender were independently associated with survival.

Mulley G. (2009), stated that, 'Myths of ageing old age is often shown as being a time of loneliness, depression and physical decline'. There are many myths of ageing that have been influenced by these representations: that old people with

physical or cognitive decline are social problems; that families no longer care for their elders; that geriatric medicine is an unglamorous specialty.

Kales H.C, Melloow A.M. (2009), denotes that medical and neurological morbidities complicate the accurate diagnosis and treatment of late-life depression, the possibility that patient race or even gender may affect and management decision is less discussed.

Hybels C.F, Blazer D.G et al; (2009), stated that major depression can affect up to 10% of older adults in clinical sample. Longitudinal studies of older adults with major depression reported that a significant proportion of patients do not fully recover. Major depression, is predicted by 1) clinical factors, such as higher number of symptoms, presence of co- morbid dysthymia, and health problems; 2) social variables, such as limitations in mobility or instrumental activities of daily living, poorer self –perceived health, finding life not satisfying and looking back over life and finding it unhappy.

Sherina M.S. (2008), conducted a study to determine the prevalence of depression and its associated factors among the elderly in a tertiary care centre. The size of the sample taken for this study was two hundred and forty six elderly people, 198 was interviewed. Thirty items of GDS questionnaire was used as a screening instrument. The results showed 54 of the elderly respondents were found to have depressive symptoms.

PART-II

STUDIES RELATED TO MINDFULNESS MEDITATION

Parmer et al (2013), conducted an experimental study in Taiwan on Mindfulness meditation on Depression and Apathy in Nursing Home Residents 61 residents from two nursing homes were randomly distributed into two parallel groups. An RGT program consisting of 12 sessions, 40-50 minutes per week, was implemented for the residents in the experimental (intervention) group. The results indicated after 12 sessions, the residents in the intervention group reported a reduction in depressed mood ($Z = -2.99$, $p < 0.05$). This study concluded that Mindfulness

meditation had significant efficacy in the treatment of depressed mood and apathy. This non-pharmacological intervention reduced emotional distress among nursing home residents with depression.

Leanne James (2013) conducted a randomized study in Portugal on effects of a Mindfulness meditation on anxiety symptomatology in an elderly population. Pre and post-test score were analyzed in all participants at the same time intervals. The results suggested that in the experimental group, significant improvements were found in anxiety symptomatology ($t [29] = 19.70, p < 0.01$); the mean values decreased from 39.87 (standard deviation [SD] = 7.90) to 13.60 (SD = 5.14). In the control group, a significant increase in anxiety symptomatology was observed ($z = -2.83; p < 0.001$). Thus study concluded Mindfulness meditation may be a tool for psychological intervention to reduce anxiety symptomatology in old age.

Lane A.M. (2012), conducted a study on structured Mindfulness meditation: an intervention to decrease depression and increase self-transcendence in older women. Sample of 24 women between the ages of 72 and 96 years were randomly assigned to either a Mindfulness meditation (experimental) group or the activity (control) group of the facility. This study found significant positive results. First, structured Mindfulness meditation decreases depression levels of women 60 years and older residing in assisted living facilities when offered twice weekly for 6-week duration to document significant improvement in depression scores. Thus study concluded a positive effect of structured Mindfulness meditation group interventions were effective.

Leenstra (2011), conducted a study on the effect of life review Mindfulness meditation on self-esteem in older adults. The study used a pretest-posttest experimental design in which 24 well older adults living in a retirement community were randomly assigned to experimental and comparison groups. The experimental group participated in six life review sessions, after which all subjects were administered the Rosenberg Self-Esteem Survey. These findings imply that participation in life review activities did not negatively affect this sample of well older adults and that life review Mindfulness meditation is a worthwhile activity for this age group.

Manimaya (2010), conducted a study on effect of Mindfulness meditation on depression in older adults: a systematic review. The objective of this systematic review is to provide healthcare professionals with information to assist in their decision to utilize Mindfulness meditation for depression reduction in older adults outside of the primary care setting. Nine reviewed studies that were randomized controlled trials not only varied in person, outcome measurement, control, and exposure/intervention, the results of these studies were also diverse. About half of these studies showed that Mindfulness meditation resulted in statistical significantly decrease in depression.

Kristy loppus (2009), conducted a randomized study was conducted in USA on The effects of integrative Mindfulness meditation on depressive symptoms in older African Americans. The purpose of this study was to evaluate the effect of integrative Mindfulness mediation on old age stress symptoms in older African Americans. Data were collected pre-test and posttest using the Center for Epidemiological Studies stress Scale. Significant differences were found between groups, $F(2, 52) = 8.6$, $p = .001$, $\eta^2(2) = .10$. Using Holm's method of post hoc analysis, the mean score for the Mindfulness mediation group was 6.8 ($SD = 4.7$), significantly different from the control group 14.6 ($SD = 10.1$) and the health education group 11.7 ($SD = 7.1$). Findings demonstrate that integrative Mindfulness meditation has a positive effect on decreasing stress symptoms in older African Americans.

Youssef A.F. (2008), conducted a longitudinal quasi-experimental study was conducted in Taiwan on The effects of Mindfulness meditation on mood status of older institutionalized adults. Using two equivalent groups for pre-post test and purposive sampling. Apparent Emotion Rating Scale (AER) was used as study instruments. The results indicated Forty-eight subjects completed the study, with 25 in the experimental group and 23 in the control group. The experimental findings indicated that the experimental group demonstrated better mood status ($p = 0.05$) on the post-test comparing to the control group. So the study concluded these warranted that Mindfulness meditation is a recommended for older people who reside in care facilities.

Snell N.H. (2009), conducted a study to assess the effect of group Mindfulness meditation on the level of depression of elderly women residing in

nursing homes. A sample of 60 women 65 years and older participated in this study. Chi-square analysis was used to test the homogeneity of the three groups with respect to their demographic characteristics. Analysis of data using the analysis of variance method showed that the differences between the levels of depression before and after the Mindfulness meditation counseling sessions were statistically significant in the younger subjects (65 to 74 years), and insignificant in the older subjects (over 74 years). Findings imply that group Mindfulness meditation did have an effect on the elderly's level of depression.

Stephin.C.N. (2008), conducted a study in Washington on effect of Mindfulness meditation on stress in older adults. The objective of this systematic review is to provide healthcare professionals with information to assist in their decision to utilize Mindfulness meditation for depression reduction in older adults outside of the primary care setting. Nine reviewed studies that were randomized controlled trials not only varied in person, outcome measurement, control, and exposure/intervention, the results of these studies were also diverse. About half of these studies showed that Mindfulness meditation resulted in statistical significantly decrease in stress

Aristle et, al (2007) conducted a study in Taiwan on the effect of Mindfulness meditation on the psychological well-being, depression and loneliness among the institutionalized aged. To examine the effect of Mindfulness meditation by an experimental design, 92 institutionalized elderly people aged 65 years and over were recruited and randomly assigned to two groups. Experimental group received Mindfulness meditation 8 times during 2 months. The result findings showed that Mindfulness meditation in this study sample improved socialization, induced feelings of accomplishment in participants, and assisted to ameliorate depression than in non-experimental group.

PART-III

STUDIES RELATED TO EFFECTS OF MINDFULNESS MEDITATION ON DEPRESSION

Kim K.B, Yun J.H, and Sok S.R. (2013). Conducted a study examining the effects of individual Mindfulness meditation on older adult's depression, morale and quality of life. Subjects consisted of 31 older adults from two senior centers and a welfare center in Seoul. Individual Mindfulness meditation was applied to study subjects four times once a week for one hour at each time. The study revealed that the application of individual Mindfulness meditation enhanced older adult morale ($t=4.65$, $p=0.00$). Findings of the study suggested that individual Mindfulness meditation may be applied as a nursing intervention that contributes to the improvement of older adults quality of life, reduces their depression and enhance their morale.

Ando M, Tsuda A, and Moorey S. (2013). Conducted a study on the effect of Mindfulness meditation on depression and self esteem in cancer patients in Japan. 15 cancer patients in the experimental groups participated in individual Mindfulness meditation, 21 patients in the comparison group received no therapy. Analysis showed depression mean depression scores of the cancer patients decreased and mean self esteem increased significantly after the therapy sessions, while the scores of the comparison group did not change.

Chao S.Y. (2012), conducted a quasi experimental study on the effects of group Mindfulness meditation on depression, self esteem and life satisfaction of elderly nursing home residents in Taiwan. Nine weekly one hour sessions were designed to teach Mindfulness meditation as group. Another 12 elders were selected for a control group; Statistical Package for social sciences was used to analyze data. Result indicated that group Mindfulness meditation significantly improved self esteem; although effects on depression and life satisfaction were not significant.

Fry & Taylor. (2012), conducted studies on effects of Mindfulness meditation on depressed elders residing in nursing homes. Studies demonstrated significant differences in depression between treatment groups and standard care control groups. Mindfulness meditation aged from 65 to 74 had significantly lower depression scores than the standard care control group at the end of the study, but the Mindfulness

meditation group with subjects older than 74 years did not have significantly lower depression score than standard care control group.

Wang J.J. (2011), conducted a study on the effects of Mindfulness meditation on depressive symptoms and mood status of older institutionalized adults in Taiwan. A longitudinal quasi experimental design using two equivalent groups for pre-post test and purposive sampling. Each subject was administered pre-post-tests at a 4 month interval, but the subjects in the experimental group underwent weekly individual Mindfulness meditation. Geriatric depression scale and Apparent Emotion rating scale were used as study instruments. 48 subjects completed the study with 25 in the experimental group and 23 in the control group. The findings indicated that the experimental group demonstrated fewer depression symptoms ($p < 0.05$) and better mood status ($p = 0.05$) than the post-test score of control group.

Haight & Hendrix. (2011). conducted a structured and unstructured Mindfulness meditation to treat depression among the elderly and concluded that Mindfulness meditation helped the depressed elderly to focus on meaning in past life event.

Wang J.J and Cheng S.F.(2010). Conducted a longitudinal quasi experimental study to examine the effects of Mindfulness meditation on four mental health indicators, including depressive symptoms, mood status, self esteem and self health perception. 94 subjects completed the study with 48 in control group and 46 in the experimental groups. The study concluded that in the experimental group, a statistically significant difference ($p = 0.0410$) was found between the pre and post tests scores on the dependent variable depressive symptom.

CHAPTER – III

RESEARCH METHODOLOGY

Research methodology is a guide to systematically solve the research problems. It comprises of the statement of the problem the objectives of the study, the hypothesis that have been formulated, the variable under study, the methods used for data collection and statistical methods used for analyzing the data with logic behind it.

The research methodology in short highlights the entire process of solving a research problem in a systematic and scientific manner. This chapter mainly deals with the systematic steps and procedures employed by the investigator.

RESEARCH APPROACH

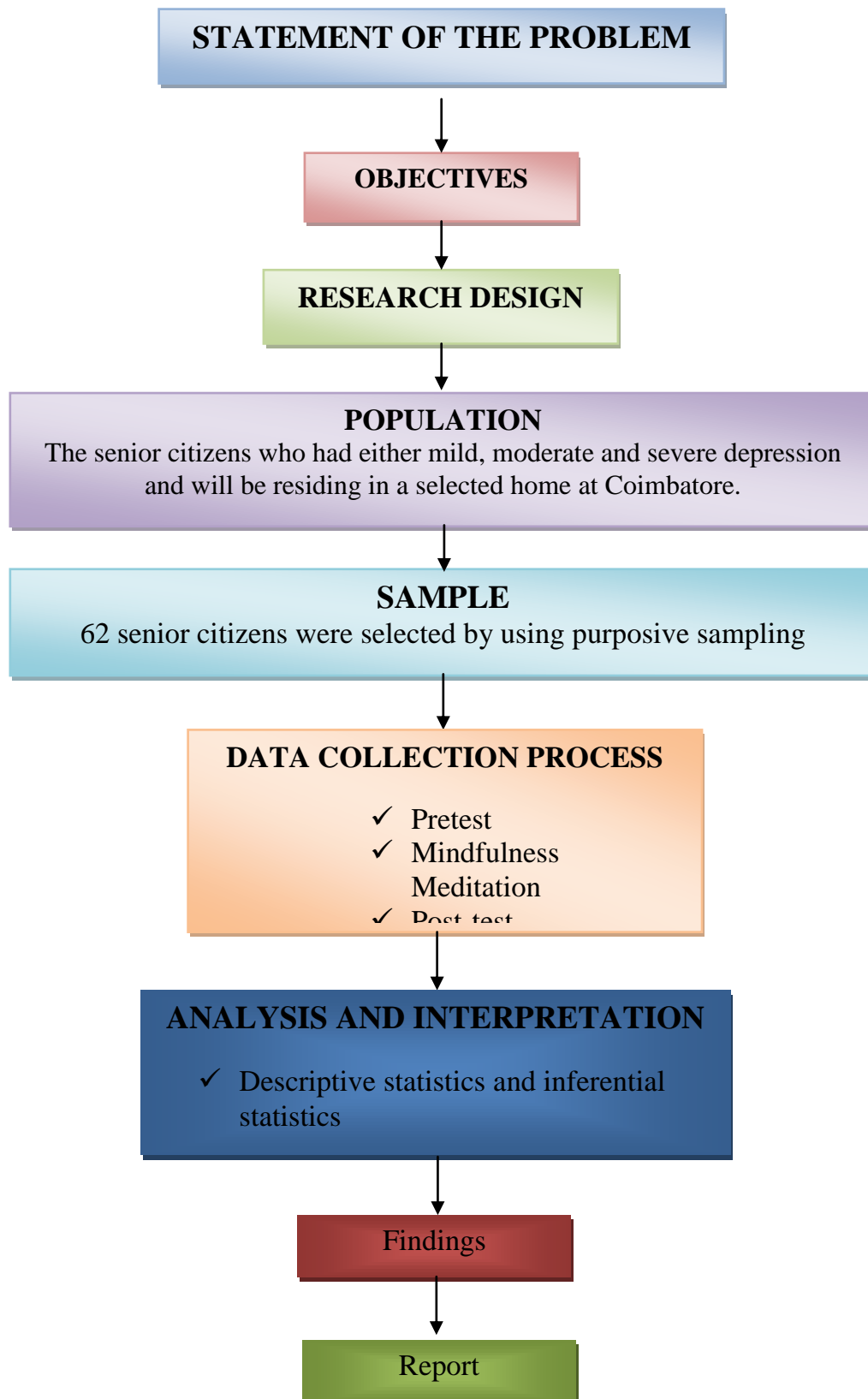
A research approach is a basic procedure for acquiring the information needed based on the purpose of the study. A research approach tells the researcher so as to what data to collect and how to analyses it.

In the present study evaluative research approach was used to evaluate the effectiveness of Mindfulness meditation on depression among the senior citizens residing in a selected old age home. Hence in view of the nature of the problem and to accomplish the objectives of the study.

RESEARCH DESIGN

In this study, quasi experimental one group pre test-post test design was adopted, as it evaluates the effectiveness of Mindfulness meditation and depression level among the senior citizens in selected old age home.

FIGURE.2. SCHEMATIC REPRESENTATION OF THE RESEARCH DESIGN



VARIABLES UNDER STUDY

A Variable is any phenomenon, characteristic or attribute under study. Variables are the measurable characteristics of a concept and consist of a logical group of attributes.

In the study variables were identified as,

- **Independent Variables:**

It refers to Mindfulness meditation for senior citizens with depression in old age home.

- **Dependent Variables:**

It includes senior citizens with mild, moderate and severe depression.

- **Demographic Variables:**

It consists the study subjects age, gender, religion, education, occupational status, marital status, types of family, income, source of income and period of stay in alone, mode of entry to home, no of children, previous knowledge on Mindfulness Mediation, practice of Mindfulness Meditation

SETTING OF THE STUDY

The study was conducted at Vasavi Muthiyor Illam, Coimbatore. The setting was selected for the study on the basis of

- Feasibility of conducting study
- Availability of the sample

POPULATION

The senior citizens who had either mild, moderate and severe depression and residing in selected old age home at Coimbatore and those who fulfilled the inclusion criteria.

SAMPLE

Sample is the small portion of the population which represents the whole population. In this study the samples are the senior citizens with mild, moderate and severe depression in a selected old age home.

SAMPLING TECHNIQUE

Purposive sampling technique was used to select the sample for assessing the level of depression and to provide Mindfulness meditation.

SAMPLE SIZE

The sample size for the present study was 62 samples. The sample size was determined based on the type of the study variables being studied and availability of sample subjects.

SAMPLING CRITERIA

In sampling criteria the researcher specifies the characteristics of the population under study by detailing the inclusion and the exclusion criteria. Inclusion criteria are the characteristics that each sample element must possess to be included in the sample. Exclusion criteria are characteristics that could confound and contaminate the result of the study. Therefore such participants are excluded from the study.

a) Inclusion criteria

1. Senior citizens residing in a selected old age home.
2. Senior citizens with mild, moderate and severe depression.
3. Senior citizens who can speak and understand English/Tamil

b) Exclusion Criteria

1. Senior citizens who were very sick.
2. Senior citizens who are not willing to participate in the study

DESCRIPTION OF THE TOOL

The tool used for data collection had two parts:

PART-1: DEMOGRAPHIC CHARACTERISTIC OF ELDERLY RESIDENTS.

It consist of 10 items on personal data of elderly residents, such as age, gender, religion, pre-retirement employment status, education, marital status, income, hobbies, and reason for staying in old age home, duration of visit by family members.

PART-2: BRINK ET AL GERIATRIC DEPRESSION SCALE WAS USED TO ASSESS THE DEPRESSION LEVEL AMONG SENIOR CITIZENS.

Brink et al geriatric depression scale is a self rated scale. The geriatric depression scale has been reported to be useful for screening depression among senior citizens.

Grading the level of depression:

- ❖ 0 –9 - Normal
- ❖ 10 – 16- Mild Depression
- ❖ 17 – 23 - Moderate Depression
- ❖ 24– 30 - Severe Depression

CONTENT VALIDITY OF THE TOOL

The prepared tool along with the problem statement, objectives and criteria check list for validation of the tool was submitted to 5 experts. 3 experts from the department of psychiatric nursing, 1 from psychiatrist and 1 from psychologist. Suggestions and recommendations given by the experts were accepted and necessary corrections were done to modify the tool.

RELIABILITY OF THE TOOL

The tool was administered to 62 Senior citizens. The standardized Brink Et Al depression scale was used.

PILOT STUDY

The pilot study was conducted to make sure that the tool was capable of eliciting responses from the respondents. Formal permission was obtained from **Missionaries of Charity**, Ramanathapuram, Coimbatore. Prior to data collection the investigator introduced self and explained the purpose of the study and the informed consent was obtained from the subjects. The study was conducted among 6 subjects who were selected by using purposive sampling technique. Data was collected using Brink et al Geriatric Depression Scale. Each subject took 15-20 minutes to complete

the interview, soon after the interview samples were identified and selected for the therapy based on the depression level from mild to moderate. Mindfulness meditation was administered to the selected samples on the 2nd, 3rd and 4th day. Then post test was done on 5th day using the same questionnaire. The duration of the study was 5 days from 21.04.2014 to 25.04.2014. The results of the pilot study showed that there was a decrease in the level of depression among senior citizen in a old age home.

DATA COLLECTION PROCEDURE

For the main study the data collection was done for four weeks in Vasavi Muthiyor Illam, Coimbatore from 12.05.2014 to 10.05.2014. Before conducting the study, the researcher obtained permission from the institution. Demographic characteristics of senior citizens were collected and Brink et al Geriatric Depression Scale was used to assess the depression level of the senior citizens. Approximately 20 minutes was taken to complete the structured interview on each individual. In the first 4 days pre test level of depression was assessed. The sample size is 62 senior citizen in old age home.. Following the assessment, 22 days of Mindfulness meditation was administered. Last 4 days, post test depression level was assessed for each individual.

DATA COLLECTION INSTRUMENTS

Each item of the Geriatric Depression Scale was answered either ‘‘yes’’ or ‘‘No’’. There were 20 items which indicated depression when answered yes and 10 items which indicated depression when answered no (item 1,5,7,9,15,19,21,27,29,30) A total score provided which consisted of one point from each depressive answer. Non depressive answers were scored zero and did not add to the total score.

PLAN FOR DATA ANALYSIS

The data obtained were analyzed using both descriptive and inferential statistics based on the objectives and hypothesis of the study under the following headings.

Descriptive statistics

- ❖ Frequency and percentage distribution was used to analyze demographic variables.
- ❖ Mean and standard deviation was used to analyze the level of depression among senior citizens.

Inferential statistics

- ❖ Paired't' test was used to find out the effectiveness of Mindfulness meditation on reduction of depression level.
- ❖ Chi square was used to find out the association between the level of depression and their selected demographic variables.

ETHICAL CONSIDERATION

1. Formal permission was obtained from the selected old age home authorities from Coimbatore.
2. Informed consent was obtained from all the study samples.
3. The subjects were informed that the confidentiality of the data will be maintained.
4. The subjects were informed that their participation was on voluntary basis and can withdraw from the study at any time.
5. No ethical issues aroused during the study.

CHAPTER –IV

DATA ANALYSIS AND INTERPRETATION

The data collected by research need to be organized and presented in a meaningful and readily comprehensible form in order to facilitate further statistical analysis. The data collected from 62 senior citizens are hereby tabulated and analyzed using appropriate descriptive and inferential statistical techniques to bring in the full meaning and context of the data.

For further analysis the data are presented under the following sections:

- Section I : Presentation on demographic variables of senior citizens.
- Section II : Assessment on pre-test and post-test level of depression among senior citizens.
- Section III: Analysis on effectiveness of Mindfulness Therapy on reduction of depression level among senior citizens.
- Section IV: Association between the post-test depression levels with their selected demographic variables.

SECTION I: DEMOGRAPHIC VARIABLES OF SENIOR CITIZENS.

Table 1 list down the demographic variables that influences the level of depression among the senior citizens at the old age home.

TABLE I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF SENIOR CITIZENS.

n=62			
SL.NO	DEMOGRAPHIC VARIABLE	F	%
1.	AGE		
	a) 60-69yrs	21	34
	b) 70-79yrs	26	42
	c) 80-89yrs	15	24
2.	GENDER		
	a) Male	30	48
	b) Female	32	52
3.	RELIGION		
	a) Hindu	40	65
	b) Muslim	4	6
	c) Christian	18	29
	d) Others	-	-
4.	EDUCATION		
	a) No formal Education	46	74
	b) Primary Education	15	23
	c) Higher Education	1	2
5.	OCCUPATIONAL STATUS		
	a) Unemployed	27	43
	b) Coolie	31	50
	c) Business	1	2
	d) Government Job	3	5
6.	MARITAL STATUS		
	a) Unmarried	1	2
	b) Married	42	67
	c) Divorced/Separated	10	16
	d) Widow/Widower	9	15

SL.NO	DEMOGRAPHIC VARIABLE	F	%
7.	TYPE OF FAMILY a) Nuclear Family b) Joint Family	26 36	42 58
8.	INCOME a) Up to Rs 1000 b) Rs 1001-2000 c) Above 2000	55 6 1	89 10 2
9.	SOURCE OF INCOME a) Pension b) Family Support c) Others	3 18 41	5 29 66
10.	PERIOD OF STAY IN ALONE a) Up to 5 yrs b) 6 to 10 yrs c) Above 10 yrs	42 18 2	68 29 4
11.	MODE OF ENTRY TO HOME a) Voluntary b) Brought by others	35 27	57 43
12.	NO. OF CHILDREN a) 1 b) 2 c) 3 d) >3	28 25 4 5	45 40 6 9
13.	PREVIOUS KNOWLEDGE ON MINDFULNESS MEDITATION a) Yes b) No	- 62	- 100
14.	PRACTICE OF MINDFULNESS MEDITATION a)Yes b)No	- 62	- 100

Table I, depicts is frequency and percentage distribution of demographic data of senior citizens.

- The senior citizens age range from 60 to 89 years. Among which majority of 26 (42%) senior citizens are between 70 – 79 years of age, 21 (34%) were between 60 – 69 years of age and a least of 15 (24%) members age was between 80 -89 years.
- Gender distribution reveals that they are approximately equally distributed as 30 (48%) male inmates and 32 (52%) female inmates at the old age home.
- Based on the religion it shows that majority of 40 (65%) of the senior citizens were Hindu, 18 (29%) were Christian and only 4(6%) were Muslims.
- Educational status of the senior citizens states that majority of 46 (74%) senior citizens had no formal education, while 15 (23%) had primary level education and a least of 1 (2%) members had higher education.
- Occupational status states the past history that majority 27 (43%) were unemployed, 31 (50%) were coolie workers, 3 (5%) were government employees and only one person was running a business.
- Marital status of the senior citizens says that majority of 42 (67%) were married, 10 (16%) were either divorced or separated, 9 (15%) were Widow or Widower and only one person was unmarried.
- Information on previous type of family shows that majority of 36 (58%) were living in Joint family type while the remaining 26 (42%) were in Nuclear family.

- Monthly income earned range between Rs. 500 to Rs. 3000 per month. Majority of 55 (89%) were earning upto Rs. 1000, 6 (10%) senior citizens were earning between Rs.1001 – Rs. 2000, and only one person had an income of Rs. 3000 i.e., above Rs.2000 per month.
- The source in which the income is incurred is 41 (66%) from other sources like self employed from home, 18 (29%) had family support and a least of 3 (5%) participants earned pension.
- Period of stay in the old age home states that majority of 42 68(%) inmates had been there for the past 5 years period, 18 (29%) members had been into the home for between 6 to 10 years period and 2 of them were there since more than 10years.
- Mode of entry into the old age home says that majority i.e., 35 (57%) came in voluntarily and 27 (43%) were brought in by others.
- Around 28 (45%) inmates said they had only one single child, 25 (40%) members had two children each, 5 (9%) senior citizens had more than three children each and 4 (6%) members had three children each.
- It was uniformly stated that none of them had any previous knowledge on Mindfulness therapy and so they had not practiced before.

FIGURE.3: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SENIOR CITIZENS ACCORDING TO THE PRE-TEST AND POST-TEST DEPRESSION LEVEL

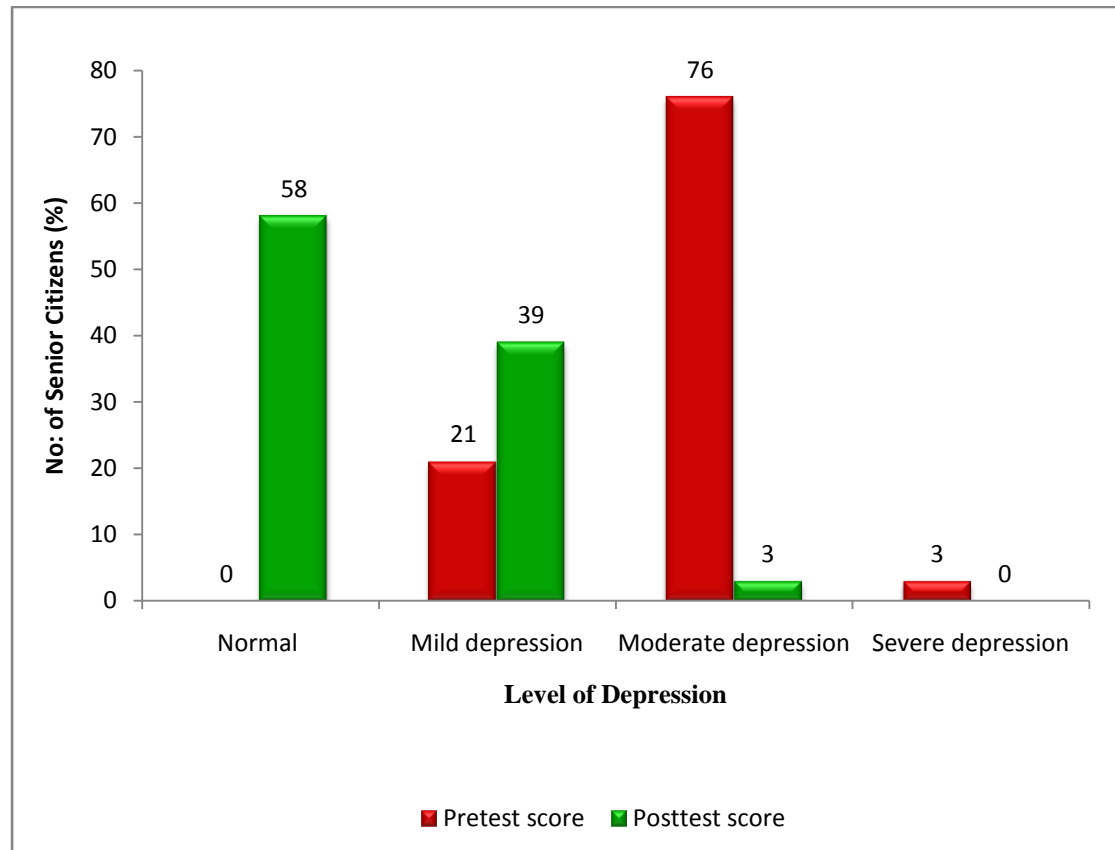


Figure 3 shows the distribution of senior citizens based on the level of depression in pretest and post test assessment. During pretest it was evident that majority of senior citizens i.e., 47(76%) had moderate level of depression, while 13 (21%) senior citizens had mild level of depression, and a least of 2 (3%) participants were identified with severe level of depression. After Mindfulness mediation it was found that a majority of 36 (58%) senior citizens were relieved depression, i.e., they were normal, while 24 (39%) had mild level of depression and a least of 2 (3%) had moderate level of depression. The assessment reveals that Mindfulness Therapy was influenced the change in level of depression among the senior citizens.

SECTION III: EFFECTIVENESS OF MINDFULNESS MEDITATION ON REDUCTDION OF DEPRESSION LEVEL AMONG SENIOR CITIZENS.

The level of depression among senior citizens decreased after Mindfulness meditation. To test the significance in the mean difference, Paired‘t’ test is used at each individual level for analysis.

TABLE II: COMPARISON OF PRE-TEST AND POST-TEST DEPRESSION LEVEL AMONG SENIOR CITIZENS.

	Mean	Std. Deviation	Mean difference	t value	Significance
Pretest	18.6452	3.41691	9.32	22.814	P<0.05
Post test	9.323	2.6782			

The above table reveals that the pretest mean depression score was 18.6452 with a standard deviation of 3.4169 and post test mean depression score was 9.323 with a standard deviation of 2.6782. Thus the mean difference for the depression score was 22.814. The significance in mean difference was analyzed using paired ‘t’ test. Since the calculated ‘t’ value is greater than the table value at 0.05 level of significance, it is inferred that the hypothesis: There will be significant difference in pre test and post test score among the samples at $P<0.05$ ” is accepted. This proves that Mindfulness Therapy was effective in reducing depression level of senior citizens.

SECTION IV: ASSOCIATION BETWEEN THE POST TEST DEPRESSION LEVEL AMONG SENIOR CITIZENS WITH THEIR DEMOGRAPHIC VARIABLES.

Association between the post test depression level among senior citizens with their demographic variables are assessed using χ^2 test.

TABLE III: FREQUENCY, PERCENTAGE DISTRIBUTION AND χ^2 DISTRIBUTION OF DEPRESSION LEVEL AMONG SENIOR CITIZENS.

n=62

SL. NO	Demographic variables	Normal		Mild depression		Moderate depression		Severe Depression		χ^2
		N	%	N	%	N	%	N	%	
1.	Age									7.859
	a) 60-69 years	14	38.9	6	25	1	50	0	0	
	b) 70-79 years	11	30.5	15	62.5	0	0	0	0	
	c) 80-89years	11	30.5	3	12.5	1	50	0	0	
2.	Gender									1.882
	a) Male	20	55.5	9	37.5	1	50	0	0	
	b) Female	16	44.5	15	62.5	1	50	0		
3.	Religion									1.617
	a) Hindu	24	66.7	14	58.3	2	100	0	0	
	b) Muslim	2	5.6	2	8.35	0	0	0	0	
	c) Christian	10	27.8	8	33.3	0	0	0	0	

SL. NO	Demographic variables	Normal		Mild depression		Moderate depression		Severe Depression		χ^2
		N	%	N	%	N	%	N	%	
4.	Education									
	a) No formal education	27	75	18	75	1	50	0	0	1.500
	b) Primary education	8	22.2	6	25	1	50	0	0	
	c) Higher education	1	2.7	0	0	0	0	0	0	
5.	Occupational status									
	a) Govt.employee	1	2.8	2	8.3	0	0	0	0	6.049
	b) unemployed	12	33.6	14	58.4	1	50	0	0	
	c) Business	1	2.8	0	0	0	0	0	0	
	d) Coolie	22	61.6	8	33.4	1	50	0	0	
6.	Marital status									
	a) Un married	0	0	1	4.2	0	0	0	0	4.665
	b) Married	24	67.2	17	70.9	0	0	0	0	
	c) Divorced/Separated	7	19.6	2	8.3	1	100	0	0	
	d) Widow/Widower	5	14	4	16.7	0	0	0	0	

*Significant at 0.05level

SL. NO	Demographic variables	Normal		Mild depression		Moderate depression		Severe depression		χ^2
		N	%	N	%	N	%	N	%	
7.	Type of family									
	a)Nuclear family	18	50	6	25	2	100	0	0	6.558*
	b)Joint family	18	50	18	75	0	0	0	0	
8.	Income									
	a) Up to Rs.1000	32	89.6	21	88.2	2	100	0	0	1.93
	b) Rs.1001-2000	4	11.2	2	8.4	0	0	0	0	
	c) Above Rs.2000	0	0	1	4.2	0	0	0	0	
9.	Source of income									
	a) Pension	2	5.6	1	4.2	0	0	0	0	5.927
	b) Family support	8	22.4	8	33.6	2	100	0	0	
	c) Others	26	72.8	15	63	0	0	0	0	
10.	Period of stay in old age home									
	a)Up to 5 years	23	64.4	17	71.4	2	100	0	0	2.474
	b)6-10 years	11	30.8	7	29.4	0	0	0	0	
	c)above 10 years	2	5.6	0	0	0	0	0	0	
11.	Mode of Entry in Old age home									
	a) Voluntary	21	58	13	54.6	1	50	0	0	0.137
	b) Brought by others	15	42	11	46.2	1	50	0	0	
12.	No. of Children									
	a) One	13	36.4	14	58.8	1	50	0	0	17.314*
	b) Two	20	56	5	21	0	0	0	0	
	c) Three	0	0	3	12.6	1	50	0	0	
	d) More than Three	3	8.4	2	8.4	0	0	0	0	

*Significant at 0.05level

Table III shows that,

The association between post test depression level with selected demographic variables of senior citizens as Age, Gender, Religion, Education, Occupational Status, Marital Status, Previous type of Family, Monthly income, Source of Income, Period of stay in old age home, Mode of entry in old age home and Number of children were analysed using Chi-square (χ^2) test. The post test depression level on association with:

- Age shows that, χ^2 value 7.859 is lesser than the χ^2 table value 9.488 at 0.05 level of significance with 4 degrees of freedom. Thus Age is not significantly associated with the post test depression level of senior citizen.
- Gender shows that, χ^2 value 1.882 is lesser than the χ^2 table value 5.991 at 0.05 level of significance with 2 degrees of freedom. Thus Gender is not significantly associated with the post test depression level of senior citizen.
- Religion shows that, χ^2 value 1.617 is lesser than the χ^2 table value 9.488 at 0.05 level of significance with 4 degrees of freedom. Thus Religion is not significantly associated with the post test depression level of senior citizen.
- Education shows that, χ^2 value 1.500 is lesser than the χ^2 table value 9.488 at 0.05 level of significance with 4 degrees of freedom. Thus Education is not significantly associated with the post test depression level of senior citizen.
- Occupational Status shows that, χ^2 value 6.049 is lesser than the χ^2 table value 12.592 at 0.05 level of significance with 6 degrees of freedom. Thus Occupational Status is not significantly associated with the post test depression level of senior citizen.
- Marital status shows that, χ^2 value 4.665 is lesser than the χ^2 table value 12.592 at 0.05 level of significance with 6 degrees of freedom. Thus Marital status is not significantly associated with the post test depression level of senior citizen.
- Previous type of family shows that, χ^2 value 6.558 is greater than the χ^2 table value 5.991 at 0.05 level of significance with 2 degrees of freedom. Thus Previous type of family is significantly associated with the post test depression level of senior citizen.

- Monthly Income shows that, χ^2 value 1.931 is lesser than the χ^2 table value 9.488 at 0.05 level of significance with 4 degrees of freedom. Thus Monthly Income is not significantly associated with the post test depression level of senior citizen.
- Source of Income shows that, χ^2 value 5.927 is lesser than the χ^2 table value 9.488 at 0.05 level of significance with 4 degrees of freedom. Thus Source of Income is not significantly associated with the post test depression level of senior citizen.
- Period of stay at old age home shows that, χ^2 value 2.474 is lesser than the χ^2 table value 9.488 at 0.05 level of significance with 4 degrees of freedom. Thus Period of stay at old age home is not significantly associated with the post test depression level of senior citizen.
- Mode of entry into old age home shows that, χ^2 value 0.137 is lesser than the χ^2 table value 5.991 at 0.05 level of significance with 2 degrees of freedom. Thus Mode of entry into old age home is not significantly associated with the post test depression level of senior citizen.
- Number of children shows that, χ^2 value 17.314 is greater than the χ^2 table value 12.592 at 0.05 level of significance with 6 degrees of freedom. Thus Number of children is significantly associated with the post test depression level of senior citizen.

Thus in concise it reveals that Previous type of Family and number children the senior citizen have are significantly associated with the level of depression assessed after Mindfulness therapy. The other demographic variables show no significant association with the depression level of senior citizens.

CHAPTER- V

FINDINGS AND DISCUSSION

This chapter deals with the detailed discussion of the findings of the study interpreted from statistical analysis. The findings are discussed in relation to objectives and hypothesis formulated, compared, and contrasted with those of other similar studies conducted in different settings.

The present study is an effort to evaluate the effectiveness of Mindfulness meditation in reduction of depression among senior citizens in a selected old age home at Coimbatore. In order to achieve the objectives, evaluative approach was adopted and purposive sampling technique was used to select the samples. The data was collected from 62 residents by using structured interview schedule. This study was conducted over a period of 22 days in Vasavi Muthiyor Illam, Coimbatore.

The findings are discussed in line with the objectives of the study under the following subheadings.

OBJECTIVES

- 1) To assess the level of depression among the senior citizens in the selected old age home.
- 2) To determine the effectiveness of Mindfulness meditation in reducing depression among the senior citizens in selected old age home.
- 3) To associate the post test depression level with selected demographic variables.

OBJECTIVE 1

To assess the level of depression among the senior citizens in the selected old age home.

FINDINGS 1

The level of depression among senior citizen was assessed before and after the application of Mindfulness therapy. The level of depression was assessed using Brink et al geriatric depression scale.

senior citizens based on the level of depression in pretest and post test assessment. During pretest it was evident that majority of senior citizens i.e., 47(76%) had moderate level of depression, while 13 (21%) senior citizens had mild level of depression, and a least of 2 (3%) participants were identified with severe level of depression. After Mindfulness Therapy it was found that a majority of 36 (58%) senior citizens were relieved depression, i.e., they were normal, while 24 (39%) had mild level of depression and a least of 2 (3%) had moderate level of depression. The assessment reveals that Mindfulness Therapy was has influenced the change in level of depression among the senior citizens.

OBJECTIVE 2

To determine the effectiveness of Mindfulness meditation in reducing depression among the senior citizens in selected old age home.

FINDINGS 2

Mindfulness meditation was given to the senior citizen and comparativeness was done between pre test and post test. The result revealed that, in pretest 21% of senior citizen found to be mildly depressed, 76% found to be moderately depressed and 3% senior citizens found to be severely depressed. In contrast to this post test scores revealed 58% senior citizen found to be relieved depression and 39% had mild level meditation and 3% had moderate depression.

The study findings concludes that the, pretest mean depression score was 18.6452 with a standard deviation of 3.4169 and post test mean depression score was

9.323 with a standard deviation of 2.6782. The standard error of mean are much lesser than the standard deviation, on comparison is evident that both pretest and post test scores are drawn from the same homogeneous population. Thus the mean difference for the depression score was 22.814. The significance in mean difference was analyzed using paired 't' test. Since the calculated 't' value is greater than the table value at 0.05 level of significance, it is inferred that the hypothesis "H: There will be significant difference in pre test and post test score among the samples at $P < 0.05$ " is accepted. This proves that Mindfulness Therapy was effective in reducing depression level of senior citizens.

OBJECTIVE 3

To associate between the post test level of depression with the selected demographic variables.

FINDINGS 3

Association between the post test depression level among senior citizens with their demographic variables are assessed using χ^2 test.

The association between post test depression level with selected demographic variables of senior citizens as Age, Gender, Religion, Education, Occupational Status, Marital Status, Previous type of Family, Monthly income, Source of Income, Period of stay in old age home, Mode of entry in old age home and Number of children were analysed using Chi-square (χ^2) test. The post test depression level on association with type of family and no of children at 0.05 level of significance.

CHAPTER- VI

SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS.

This chapter deals with summary, conclusion, implications such as nursing practice, nursing education, nursing administration, nursing research, limitations and recommendations of the study.

The purpose of the study was to determine the level of depression among senior citizens before and after Mindfulness meditation in selected old age home at Coimbatore.

SUMMARY

The present study was “Effectiveness of Mindfulness Meditation on depression among senior citizen in a selected old Age home at coimbatore”

The objectives of the study were

- To assess the level of depression before and after meditation among senior citizen.
- To determine the effectiveness of meditation on depression among senior citizen.
- To find out the association between post test depression level with their selected demographic variables

The hypothesis of the present study was

There will be a significant difference in the depression level among the senior citizens before and after Mindfulness meditation.

Research design used for the study was one group pre test- post test design. The study was conducted at selected old age home at Coimbatore. The sample size was 62 senior citizens. Purposive sampling technique was used to select the samples. Data collection instrument consists of demographic variables and *Brink et al Geriatric Depression Scale (GDS)* was used to categorize the level of depression of senior citizens.

MAJOR FINDINGS OF THE STUDY WERE SUMMARIZED AS FOLLOWS.

DEMOGRAPHIC FINDINGS

- The senior citizens age range from 60 to 89 years. Among which majority of 26 (42%) senior citizens are between 70 – 79 years of age, 21 (34%) were between 60 – 69 years of age and a least of 15 (24%) members age was between 80 -89 years.
- Gender distribution reveals that they are approximately equally distributed as 30 (48%) male inmates and 32 (52%) female inmates at the old age home.
- Based on the religion it shows that majority of 40 (65%) of the senior citizens were Hindu, 18 (29%) were Christian and only 4(6%) were Muslims.
- Educational status of the senior citizens states that majority of 46 (74%) senior citizens had no formal education, while 15 (23%) had primary level education and a least of 1 (2%) members had higher education.
- Occupational status states the past history that majority 27 (43%) were unemployed, 31 (50%) were coolie workers, 3 (5%) were government employees and only one person was running a business.
- Marital status of the senior citizens says that majority of 42 (67%) were married, 10 (16%) were either divorced or separated, 9 (15%) were Widow or Widower and only one person was unmarried.
- Information on previous type of family shows that majority of 36 (58%) were living in Joint family type while the remaining 26 (42%) were in Nuclear family.

- Monthly income earned range between Rs. 500 to Rs. 3000 per month. Majority of 55 (89%) were earning upto Rs. 1000, 6 (10%) senior citizens were earning between Rs.1001 – Rs. 2000, and only one person had an income of Rs. 3000 i.e., above Rs.2000 per month.
- The source in which the income is incurred is 41 (66%) from other sources like self employed from home, 18 (29%) had family support and a least of 3 (5%) participants earned pension.
- Period of stay in the old age home states that majority of 42 68(%) inmates had been there for the past 5 years period, 18 (29%) members had been into the home for between 6 to 10 years period and 2 of them were there since more than 10years.
- Mode of entry into the old age home says that majority i.e., 35 (57%) came in voluntarily and 27 (43%) were brought in by others.
- Around 28 (45%) inmates said they had only one single child, 25 (40%) members had two children each, 5 (9%) senior citizens had more than three children each and 4 (6%) members had three children each.
- It was uniformly stated that none of them had any previous knowledge on Mindfulness therapy and so they had not practiced before.

Major findings related to significant difference between the mean pre test geriatric assessment score and mean post test geriatric assessment score of Mindfulness meditation on depression among senior citizens in selected old age home.

In this study, it was found that there is a significant difference between the mean pre test geriatric assessment score and mean post test geriatric assessment score of Mindfulness meditation on depression among senior citizens in selected old age home at 0.05 level of significance. The obtained 't' values for mild (10.589), moderate depression (28.500) and severe (11.667) were statistically significant at 0.05 level. This illustrates that the mean difference of pre test geriatric assessment and post test geriatric assessment score of mild and moderate depression, is a true difference and has not occurred by chance. So the investigator accepts the research hypothesis.

Major findings related to association between the post test score of Mindfulness meditation on depression among senior citizens with their selected demographic variables.

The findings revealed that there is no significant association between the post test score of Mindfulness meditation and level of depression among the senior citizens with selected demographic variables such as age, gender, religion, education, occupational status, marital status, type of family and income, source of income, period of stay in old age home, mode of entry in old age homes, no of children.

However, there was a statistical significant association between the post test score of Mindfulness meditation and level of depression among the senior citizens with selected demographic variables such as the source of income and period of stay in alone with a p value < 0.05 level.

CONCLUSION

Mental health is very essential for every healthy person. Mindfulness meditation is a simple, safe and easy to implement and most acceptable method for depressive clients. The findings of the study support this intervention to reduce the depression level of senior citizens. The clinical and community health nurses should understand the importance of mental well being of senior citizens and attend the senior citizens with these types of natural treatment modalities.

IMPLICATIONS OF THE STUDY

Mindfulness meditation is a nurse-initiated intervention that has the advantages of being cost-effective, therapeutic, social and recreational for the institutionalized older adult. As a communicative psychosocial process, Mindfulness meditation has proven to be a valuable intervention for the depressed elderly client. Mindfulness meditation helps clients work through depression by revisiting past and pleasant times, rediscovering coping skills and finding meaning by re-evaluating good and bad aspects of their lives. These psychological treatments are safe and effective alternatives to drug therapy for mild to moderate depression. Psychological treatments are of particular importance for people who are uninterested in taking medications.

The findings of the study have the following implications in the areas of nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

- The study findings revealed the importance of nurse's role in reducing depression among the senior citizens using a safe, non pharmacological treatment that is Mindfulness meditation.
- Study findings signify the importance of formulation of guidelines and implementation of Mindfulness meditation especially in old age homes where literature reveals lack of psycho therapeutic intervention.
- Nurses, specializing in geriatrics need to be empowered in administering Mindfulness meditation.

- In clinical areas there must be provision for administering Mindfulness meditation.

NURSING EDUCATION

- Current concepts and trends in geriatric care should be included in nursing curriculum.
- Post-graduate nursing students specializing in psychiatry should be trained in administering Mindfulness meditation.
- Nursing personnel working in geriatric ward and old age homes should be given in service education regarding Mindfulness meditation.

NURSING ADMINISTRATION

- The nursing administrators especially of nursing homes and geriatric wards can organize continuing nursing education on depression and Mindfulness meditation.
- The administrators can encourage the nurses to use different safe, psychotherapeutic intervention in reducing depression among senior citizen.
- A considerable amount in the budget can be allocated for organizing the continuing nursing education programme and in preparing and maintaining Mindfulness meditation.
- A staff nurse can be trained specially to administer Mindfulness meditation.

NURSING RESEARCH

- The finding of the present study has added knowledge to the already existing literature and the implications for the nursing research are given in the form of recommendation.
- This study can be a baseline for future studies to build upon and motivate other researchers to conduct further studies.

LIMITATIONS

- The study was conducted among the senior citizens in a selected old age home at Coimbatore only, so generalizations must be done with caution.

- This study was done on a small sample size of 40; hence generalization is possible only for the selected participants.

RECOMMENDATIONS

On the basis of the present study the following recommendations have been made for the further study.

- A longitudinal study can be undertaken to see the long term effect of Mindfulness meditation in reducing the level of depression.
- The same study can be conducted by using the control group to see the effectiveness of Mindfulness meditation.
- It can be conducted with large sample to generalize the findings.
- A similar kind of study can be conducted to assess the effect of Mindfulness meditation on dementia, self esteem, family coping and life satisfaction.
- A qualitative approach can be applied in studying the effects of Mindfulness meditation on depression.
- A similar study can be undertaken to evaluate the effectiveness of creative Mindfulness meditation on depression among the senior citizens.
- A comparative study to evaluate the effectiveness of Mindfulness meditation on depression among senior citizens in old age home and in family.

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APPENDIX-I



CHERRAAN'S COLLEGE OF NURSING

(Affiliated to Tamilnadu Dr. MGR University, Chennai-32)
(Approved by Indian Nursing Council, New Delhi and Tamilnadu Nurses and Midwives Council, Chennai)

New No. 521, Siruvani Main Road, Telungupalayam Pirivu, Coimbatore - 641 039.

Ph : 0422-2341066, 2346194 Fax : 0422-2341066

Web Site : www.cihs.co.in, E-mail : cihs2002@yahoo.co.in

Date :

LETTER REQUESTING EXPERT OPINION TO ESTABLISH CONTENT VALIDITY

From,

Unnikrishnan.n
Msc(N) II year
Cherraan's college of nursing
Coimbatore.

Through,

The principal
Cherraan's college of nursing
Coimbatore.

To,

Respected Sir/Madam

Subject: Request for expert opinion and suggestion to establish content validity of the research tool.

I Unnikrishnan.n M.sc(N) II year student of cherraan's college of nursing have selected the following topic for my dissertation to be submitted to the Tamil Nadu Dr.MGR medical university in partial fulfilment for the requirement for award of Master of science in Nursing.

Topic: Effectiveness of mindfulness mediation on Depression among senior citizens in a selected Old age home at Coimbatore.

Here with i have enclosed,

- 1.Statement of the problem, objectives and hypothesis of the study.
- 2.Demographic profile
- 3.Geriatric Depression Scale
- 4.Crtieria checklist for validation of tool

I request you go through the items and give your valuable suggestions and opinions to develop the content validity of the tool. Kindly suggest modifications, additions and deletions if any in the remark column.

Thanking you

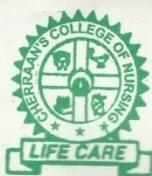
Yours sincerely
Unnikrishnan.N



PRINCIPAL

Cherraan's College of Nursing
521-A SIRUVANI MAIN ROAD
TELUNGUPALAYAM PIRIVU
COIMBATORE-641 039
PH: 0422-2341066, 2346194

APPENDIX-II



CHERRAAN'S COLLEGE OF NURSING

(Affiliated to Tamilnadu Dr. MGR University, Chennai-32)
(Approved by Indian Nursing Council, New Delhi and Tamilnadu Nurses and Midwives Council, Chennai)

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Ph : 0422-2341066, 2346194 Fax : 0422-2341066

Web Site : www.cihs.co.in, E-mail : cihs2002@yahoo.co.in

From,

Unnikrishnan.n
Msc(N) II year
Cherraan's college of nursing
Coimbatore.

Date :

Through,

The principal
Cherraan's college of nursing
Coimbatore.

To,

Respected Sir/Madam,

Subject: Permission to conduct research study in your institution.

I Mr.Unnikrishnan.N, 2nd year M.sc nursing student of Cherraan's college of nursing, Coimbatore purpose to conduct a research study for a partial fulfilment of M.sc Nursing programme.

TOPIC: EFFECTIVENESS OF MINDFULNESS MEDIATION ON DEPRESSION AMONG ELDERLY CLIENTS IN A SELECTED OLD AGE HOME AT COIMBATORE

As a part of the study needs to interview the selected subjects and observe then for their behaviour and document as data collection for analysis and report.

I humbly request you to kindly grant me permission to conduct the research study. The old age home norms, policies and ethics will be respected.

Thanking you.

Yours sincerely,
Unnikrishnan.N



PRINCIPAL
Cherraan's College of Nursing
621-A SIRUVANI MAIN ROAD
TELUNGUPALAYAM PIRIVU
COIMBATORE 641 039
Ph: 0422-23410 6 2346194

APPENDIX-III

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Mr.Unnikrishnan.N 2nd year M.sc nursing student of cherraan's college of nursing,Coimbatore, who is undertakn dissertation work on **“EFFECTIVENESS OF MINFFULL MEDITATION ON DEPRESSION AMONG SENIOR CITIZENS AT SELECTED OLD AGE HOME AT COIMBATORE.”**

Signature of the Expert:

Name:

Desgination:

Seal

Place:

Date:

APPENDIX-IV

EXPERT OPINION FORMAT

INSTRUCTIONS

Kindly go through the items in the enclosed tool and place a tick mark against each item in the column provided indicating your opinion best

There are 2 column namely Agree and Disagree

If there are any suggestions, please mention them in the remarks column

DEMOGRAPHIC PROFILE

S.NO	AGREE	DISAGREE	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

EVALUATION CHECKLIST FOR GERIATRIC DEPRESSION SCALE (GDS)

SL.NO	AGREE	DISAGREE	REMARKS
1.			
2.			
3.			
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28.			
29.			
30.			

APPENDIX-V(A)

CONTENT VALIDITY CERTIFICATE

I here by certify that, I have validated the tool of Mr. Unnikrishnan. N 2nd year M.sc nursing student of cherraans college of nursing, Coimbatore, who is undertaken dissertation work on "EFFECTIVENESS OF MINDFULNESS MEDITATION ON DEPRESSION AMONG SENIOR CITIZEN IN A SELECTED OLD AGE HOME AT COIMBATORE"

Signature of the expert:

Name:

Designation:

Seal:

G. Raghuthaman
Dr. G. Raghuthaman DPM MD (PsychMD)
Professor & Head, Department of Psychiatry
PSG Institute of Medical Sciences & Research
Peelamedu, Coimbatore - 641 004.

Place: Coimbatore

Date: 3-4-14



APPENDIX-V(B)

CONTENT VALIDITY CERTIFICATE

I here by certify that, I have validated the tool of Mr. Unnikrishnan. N 2nd year M.sc nursing student of Cherrans college of nursing, Coimbatore, who is undertaken dissertation work on **"EFFECTIVENESS OF MINDFULNESS MEDITATION ON DEPRESSION AMONG SENIOR CITIZEN IN A SELECTED OLD AGE HOME AT COIMBATORE"**

Signature of the expert: 

Name: DR. ANUJA S. PANICKER

Designation: ASSOCIATE PROFESSOR

Seal:

Dr. Anuja S Panicker,
M.A., PGDCP, Ph.D (Clin. Psy) (NIMHANS)
Associate Professor in Clinical Psychology
Department of Psychiatry
PSG Institute of Medical Sciences & Research
Peelamedu, Coimbatore - 641 004.

Place: Coimbatore

Date: 11/4/14

APPENDIX-V(C)

CONTENT VALIDITY CERTIFICATE

I here by certifiy that,I have validated the tool of Mr.Unnikrishnan.N 2nd year M.sc nursing student of cherraans college of nursing,Coimbatore,who is undertaken dissertation work on **"EFFECTIVENESS OF MINDFULNESS MEDITATION ON DEPRESSION AMONG SENIOR CITIZEN IN A SELECTED OLD AGE HOME AT COIMBATORE"**

Signature of the expert:

Name:

Lalitha.

Desgination:

Vice Principal

Seal:

Place:

Coimbatore.

Date:

02/04/14.

APPENDIX-V(D)

CONTENT VALIDITY CERTIFICATE

I here by certifiy that,I have validated the tool of Mr.Unnikrishnan.N 2nd year M.sc nursing student of cherraans college of nursing,Coimbatore,who is undertaken dissertation work on **"EFFECTIVENESS OF MINDFULNESS MEDITATION ON DEPRESSION AMONG SENIOR CITIZEN IN A SELECTED OLD AGE HOME AT COIMBATORE"**

Signature of the expert:

Name:

Desgination:

Seal:

P. Samunani
P. SAMUNARANI
ASSO-PROFESSOR
KANCHI COLLEGE OF
NURSING

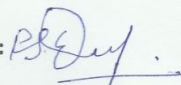
Place: COIMBATORE

Date: 4.4.14

APPENDIX-V(E)

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Mr. Unnikrishnan. N 2nd year M.sc nursing student of cherran's college of nursing, Coimbatore, who is undertaken dissertation work on "EFFECTIVENESS OF MINFFULLNESS MEDITATION ON DEPRESSION AMONG SENIOR CITIZENS AT SELECTED OLD AGE HOME AT COIMBATORE."

Signature of the Expert: 

Name: P.S. EDWIN ANAND

Designation: ASSO. Professor

Seal Sree Abhinav College
of Nursing
Coimbatore

Place: Coimbatore

Date: 16/04/2014

APPENDIX-V

LIST OF EXPERTS WHO VALIDATED THE TOOL

1. Dr. G. Raghuthaman, DPM, MD (PSYCH), DNB,

Professor & HOD Psychiatry

PSG Institute of Medical Science & Research

Peelamedu,

Coimbatore.

2. Dr. Anuja S Panicker

Associate professor

PSG Institute of Medical Science & Research

Peelamedu,

Coimbatore.

3. Mrs. LALITHA ,M.sc(N),

Vice principal

Kongunadu College of Nursing

Tatabad

Coimbatore

4. Mrs. P. Jamunarani, M.Sc(N),

Associate Professor

Mental Health Nursing Department

KMCH College of Nursing

Peelamedu

Coimbatore.

5. Mr. P.S. Edwin anand

Associate Professor

Sree Abirami college of nursing

Coimbatore.

APPENDIX VI
MINDFULL MEDITATION CERTIFICATE
TO WHOMSOEVER IT MAY CONCERN

I hereby certify that, **Mr.Unnikrishnan.N, II year M.Sc., (Nursing)**, student of Cherraan's college of nursing, Coimbatore, has successfully completed training in Mindful meditation for elderly clients under my supervision.

Signature of the expert

Name : K. Suresh Kumar

Designation :

Seal


For Kalmandir Education Centre

Proprietor

APPENDIX VII
CERTIFICATE OF ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work "statement" done by
Mr. Unnikrishnan.N II year M.SC (Nursing) student of Cherraan's college
of Nursing, Coimbatore is edited for English Language appropriateness by

P. KRISHNA PRIYA ASST. PROF IN ENGLISH

CBM COLLEGE COIMBATORE

Date: 01.08.2014



Signature:

APPENDIX-VIII(A)

SECTION 1

DEMOGRAPHIC PROFILE

1. Age

- a) 60 – 69 yrs ()
- b) 70 -79 yrs ()
- c) 80 – 89 yrs ()

2. Gender

- a) Male ()
- b) Female ()

3. Religion

- a) Hindu ()
- b) Muslim ()
- c) Christian ()
- d) Others ()

4. Education

- a) No formal Education ()
- b) Primary Education ()
- c) Higher education ()

5. Occupational Status

- a) Govt. employee ()
- b) Un employed ()
- c) Business ()
- d) Coolie ()

6. Marital Status

- a) Unmarried ()

- b) Married ()
- c) Divorced /separated ()
- d) Widow / Widower ()

7. Previous type of Family

- a) Nuclear family ()
- b) Joint family ()

8.Monthly Income

- a) up to Rs. 1000 ()
- b) Rs. 1001-2000 ()
- c) Above 2000 ()

9. Source of Income

- a) Pension ()
- b) Family support ()

10. Period Of Stay in old age home

- a) Up to 5 years ()
- b) 6 to 10 years ()
- c) Above 10 years ()

11.Mode of entry in old age home

- a)Voluntary ()
- b)Brought by others ()

12.No of children

- a)One ()
- b)Two ()
- c)Three ()
- d)More than Three ()

13.Any previous knowledge about mindful meditation

a)Yes ()

b)No ()

14.Practice of mindful meditation

a)Yes ()

b)No ()

APPENDIX-VIII(B)

SECTION 2 GERIATRIC DEPRESSION SCALE (GDS)-BRINK ET AL

NOTE:

Choose the best answer for how you have felt over the past week

SL NO		YES	NO
1.	Are you basically satisfied with your life?		
2.	Have you dropped many of your activities and interests?		
3.	Do you feel that you life is empty?		
4.	Do you often get board?		
5.	Are you hopeful about the future?		
6.	Are you bothered by thoughts you can't get out of your head?		
7.	Are you in good spirits most of the time?		
8.	Are you afraid that something bad is going to happen to you?		
9.	Do you feel happy most of the time?		
10.	Do you often feel helpless?		
11.	Do you often get restless and fidgety?		
12.	Do you prefer to stay at home rather than going out and doing new things?		
13.	Do you frequently worry about the further?		
14.	Do you feel you have more problems with memory than most?		
15.	Do you think it is wonderful to be alive now?		
16.	Do you often feel downhearted and blue?		
17.	Do you feel pretty worthless the way you are now?		
18.	Do you worry a lot about the past?		
19.	Do you find life very exciting?		
20.	Is it hard for you to get started on new projects?		
21.	Do you feel full of energy?		
22.	Do you feel that you situation is hopeless?		
23.	Do you think that most people are better off than you are?		
24.	Do you frequently get upset over little things?		
25.	Do you frequently feel like crying?		
26.	Do you have trouble concentrating?		

27.	Do you enjoy getting up in the morning?		
28.	Do you prefer to avoid social gatherings?		
29.	Is it easy for you to make decisions?		
30.	Is your mind as clear as it used to be?		

SCORING PROCEDURE:

Each item of the Geriatric Depression Scale was answered either “yes” or “No”. There were 20 items which indicated depression when answered yes and 10 items which indicated depression when answered no (item 1,5,7,9,15,19,21,27,29,30) A total score provided which consisted of one point from each depressive answer. Non depressive answers were scored zero and did not add to the total score. The total score was interpreted as follows:

Normal	:	0 – 9
Mild depression	:	10 – 16
Moderate depression	:	17 – 23
Severe depression	:	24 – 30

APPENDIX-IX-A

egi ug;gwwpa j ftyfs;

gFj p[I tpdhffs;

Fwgg[gpdtUk; tpdhffs; mi dj;Jk; c' fs; Rat;gu' fs;
 bj hl hg[l aj hFk; c' fs;fUj ;J ffi s mi l ggFfwpa ll oDs;
 (✓) braat[k;

g' F bgWnthh;bgah;

1) taJ

- m) 60 – 69 taJ ti u ☐
- M) 70 – 79 taJ ti u ☐
- ,) 80 – 89 taJ ti u ☐

2) ghypdk;

- m) Mz ; ☐
- M) bgz ; ☐

3) kj k;

- m) , eJ ☐
- M) K! ylk; ☐
- ,) fwp! pad; ☐
- <) ntW Vj htJ ☐

4) fy;tpj ;j Fj p

- m) fy;tpmwpt[, yi y ☐
- M) Mukg fy;tp ☐
- ,) c ah;fy;tp ☐

- 5) bj hHpy;
- m) muR gz pash; ☐
- M) nti yapyyhj th; ☐
- ,) brhej bj hHpy; ☐
- <) Tynti y ☐
- 6) j pUkz epi y
- m) kz khfhj th; ☐
- M) kz khz th; ☐
- ,) tpthfuj j / j dphf ☐
- <) tji t / ki dtpi a , Hej th; ☐
- 7) Kdðhs;FLkg mi kgg[
- m) j dph;FLkgk; ☐
- M) TILfFLkgk; ☐
- 8) khj tUkhdk;
- m) +. 1000 ti u ☐
- M) +. 1000 – 2000 ☐
- ,) +. 2000 fF nky; ☐
- 9) tUkhdk;fpi l fFk;tHp
- m) bgd# d; ☐
- M) FLkgj j pdh;\yk; ☐
- 10) Kj pæth;, yyj j py,, UfFk;fhyk;
- m) 5 tUI' fS;ti u ☐
- M) 6 tUI' fS;Kj y;10 tUI' fS;ti u ☐
- ,) 10 tUI' fS fF nky; ☐

- 11) ahh;\yk;Kj p̃ath;, yyj j̃y;nrhej J
- m) j h̃dhfnt ☐
- M) mLj j̃ th̃fshy; ☐
- 12) FHei j̃ f̃sp̃d;vz z̃ p̃fi f̃
- m) x̃dW̃ ☐
- M) , uz̃ L̃ ☐
- ,) \̃ dW̃ ☐
- <) \̃ dW̃f̃F̃ nky; ☐
- 13) bew̃p̃f̃s;j̃ p̃ah̃dj̃ ĩ j̃ g̃w̃w̃p̃, j̃ w̃F̃ K̃d;m̃w̃p̃ej̃ p̃Ũf̃f̃p̃w̃h̃f̃sh>
- m) M̃k; ☐
- M) , ỹĩ ỹ ☐
- 14) bew̃p̃f̃s;j̃ p̃ah̃dk;braj̃ p̃Ũf̃f̃p̃w̃h̃f̃sh>
- m) M̃k; ☐
- M) , ỹĩ ỹ ☐

Appendix – IX – B

Kj pahh;kdrnrhht [mst fhfy;

fl ej xU thu fhykhf eP' ; fs;vggo , Uggj hf cz hfpwhfs;

fhh Fwpggl l tpdhffS fF j Fej FwapL' fs;

t.vz	tpdh gl oay	Mk	, yi y
1	c' fs; thHfi f c' fS fF j pUgj pahf cssj h>		
2	c' fSi la gy brayfi sak/ Mht' fi sak;tpl L tpl Ohfsh>		
3	c' fSi la thHfi f btWi kahdJ vdW cz hfpwhfsh>		
4	c' fS fF moffo thHfi f mYj J tpl l j h>		
5	c' fSi la vj fhfyj i j g; gwww ekgpfi f , Uffpwj h>		
6	c' fSi la epi di t tpl L mfyhj tp#a' fi sg; gwww epi dj J bfhz nl apUggfhfsh>		
7	j h' fs; mj pf neu' fspy; eyy epi yapy; , Uggfhfsh>		
8	Vnj Dk; bfLj y; el ffgnghfwwJ vdW gaggLthfsh>		
9	mj pf neu' fspy;kfpHrrpahf , Uggfhfsh>		
10	eP' fs; moffo cj tp fpi l ffhJ nghy; cz hfpwhfsh>		

t.vz	tꝥdh gl ꝥay	Mk	, yi y
11	eꝥ ꝑs; moffo mi kj ꝑꝑꝑyhky; m' ꝑkꝑ' ꝑk;mi yꝑꝑꝑhꝑsh>		
12	bgUkghdi k neuk;btspꝑꝑ;brdW nti y brati j tꝑl tꝑ ꝑꝑUꝑꝑ tꝑUkglꝑꝑꝑhꝑsh>		
13	vj ꝑꝑꝑy j j g; gwꝑꝑ moffo fti yggLꝑꝑꝑhꝑsh>		
14	kwwi tꝑi stꝑl " hgꝑꝑꝑ ꝑꝑꝑ; gyꝑꝑ khꝑ gꝑꝑꝑi dꝑs; c Uthꝑꝑꝑꝑꝑ vdW c z hꝑꝑꝑhꝑsh>		
15	eꝥ ꝑs; , gbghGJ c ꝑꝑUꝑ d; , UggJ Mrrꝑꝑkhꝑ tꝑ# ꝑk;vdbwz q ꝑꝑꝑhꝑsh>		
16	eꝥ ꝑs;, gbghGJ , Uggj hꝑ c z hꝑꝑꝑhꝑsh>		
17	eꝥ ꝑs;, gbghGJ c gꝑꝑꝑꝑꝑꝑꝑ , Uggj j g; ngꝑꝑ;c z hꝑꝑꝑhꝑsh>		
18	ꝑl ej ꝑꝑꝑ y j j g; gwꝑꝑ mj ꝑꝑꝑꝑꝑꝑ; fti yggLꝑꝑꝑhꝑsh>		
19	eꝥ ꝑs; thHꝑꝑ ꝑ ꝑꝑshꝑꝑꝑꝑꝑ Ltj hꝑ c z hꝑꝑꝑhꝑsh>		
20	gꝑ ꝑꝑ; j ꝑl ꝑ' ꝑi s Mukgꝑꝑꝑꝑ ꝑꝑꝑꝑꝑ , Uꝑꝑꝑꝑꝑ h>		
21	eꝥ ꝑs; KGrꝑꝑ ꝑꝑ[d; braygLtj hꝑ c z hꝑꝑꝑhꝑsh>		
22	c' ꝑs; eꝑi y ekgꝑꝑꝑ ꝑꝑꝑꝑꝑ , Uggj hꝑ c z hꝑꝑꝑhꝑsh>		

t.vz	tph gl oay	Mk	, yi y
23	eP fs , gbghGJ , Uggi j tpl kwwthfsvyyhk;eyy epi yapy;, Uggj hf epi dffpwhfsh>		
24	eP fs;moffo ridd/ ridd tp# a' fS ffhf epi yj LkhWfwhfsh>		
25	moffo mHf ntz Lk;nghy;nj hdWfwpj h>		
26	kdi j xUi kggLj ;JtJ rpkhf c ssj h>		
27	fhi yapy;kfpHrrpahf vGej pUffpwhfsh>		
28	eP fs; r\ f epfHrrpfi sj; j tphff tpUkgfwhfsh>		
29	c' fS fFj; j hkhhd' fs; vLggJ vsj hf , Uffwpj h>		
30	c' fs;kdk;Kdg[nghy;bjspthf , Uggj hf epi dffpwhfsh>		

APPENDIX-X

MINDFULNESS MEDITATION

Introduction

Depression is a condition in which individuals feel emotionally distressed. Depression refers to an imbalance between a perceived demand and the perceived ability of the individual to respond to it. Depression is now a day's common among adults and elderly people. It is more common among the substance abusers. So through mindfulness meditation stress can be reduced. Mindfulness meditation comes out of traditional Buddhist meditation practices. Buddhism begins with the premise that the mind is the primary source of human joy and misery, and is central to the understanding of the natural world as a whole. Thus, the mind and consciousness itself are primary subjects of introspective investigation.

Definition of Mindfulness Meditation

Mindfulness meditation is a form in which distracting thoughts and feelings are not ignored but instead acknowledged and observed non-judgmentally as they arise in order to detach from them and gain insight and awareness. Mindfulness meditation will be administered for the duration of 20 minutes.

Mindfulness meditation: This type of meditation is based on being mindful, or having an increased awareness and acceptance of living in the present moment. You broaden your conscious awareness. You focus on what you experience during meditation, such as the flow of your breath. You can observe your thoughts and emotions but let them pass without judgment.

Indication

Mindfulness meditation may help such conditions as:

- ❖ Allergies
- ❖ Anxiety disorders
- ❖ Asthma
- ❖ stress
- ❖ Binge eating
- ❖ Cancer

- ❖ Depression
- ❖ Fatigue
- ❖ Heart disease
- ❖ High blood pressure
- ❖ Pain
- ❖ Sleep problems
- ❖ Substance abuse

Benefits of Mindfulness Meditation

Meditation can give you a sense of calm, peace and balance that benefits both your emotional well-being and your overall health. And these benefits don't end when your meditation session ends. When you meditate, you clear away the information overload that builds up every day and contributes to your stress.

The benefits of meditation include:

- ❖ To gain a new perspective on stressful situations
- ❖ To build skills to manage your stress
- ❖ To increase self-awareness
- ❖ To focus on the present
- ❖ To reducing negative emotions
- ❖ To experience unpleasant thoughts and feelings safely
- ❖ To become aware of what you're avoiding
- ❖ To become more connected to yourself, to others and to the world around you
- ❖ To become less judgmental
- ❖ To become less disturbed by and less reactive to unpleasant experiences
- ❖ To learn the distinction between you and your thoughts
- ❖ To have more direct contact with the world, rather than living through your thoughts
- ❖ To learn that everything changes; that thoughts and feelings come and go like the weather
- ❖ To have more balance, less emotional volatility
- ❖ To experience more calm and peacefulness
- ❖ To develop self-acceptance and self-compassion

Mindfulness Meditation Techniques

Mindfulness meditation involves being aware of our thoughts, feelings and actions that arise in the present moment. It is the very essence of all forms of meditation. It is one of the best meditation techniques to come quickly and effectively into the present moment. Begin the practice of mindfulness meditation in short sessions of 15 to 20 minutes. We can add more sessions in the day and can gradually increase the time as your practice deepens.

Mindfulness meditation helps to reduce stress, provides deep relaxation and boosts immunity. It also provides all the numerous benefits of meditation very easily and in a very short period of time. The practice of mindfulness is important for progress in the spiritual realms. It does not matter what tradition we are part of and what is our belief system. We should develop the ability of our mind to stay firmly in the present moment. Through the practice of mindfulness meditation, we try to achieve mental calmness, stability and peace. Mindfulness meditation techniques help to strengthen these qualities, so that we can remain peaceful and at ease in our mind.

Prerequisites of Mindfulness Meditation Techniques

The following steps should be taken by the researcher before administration of Mindfulness Meditation Techniques.

- ❖ Explain the need for the Mindfulness Meditation Techniques to the client and its usefulness.
- ❖ Explain the procedure to the client.
- ❖ Get informed consent.
- ❖ Make a good rapport with the client.
- ❖ Provide client a calm and quiet environment with good ventilation.
- ❖ Advise the client to wear loose and comfortable clothes.
- ❖ Advise the client to remove watches.
- ❖ Advise the client to switch off the cell phones.

Steps in Mindfulness Meditation techniques

The following are the steps of procedure that are followed by the researcher to administer mindfulness meditation techniques to the participants.

Steps

Step 1

Ask the client to sit comfortably with an erect posture. The posture is upright, relaxed, and alert.

Step 2

Tell client to place right hand over the chest and the left hand over the abdomen or chin muthirai.

Step 3

Ask the client's eyes are closed and should focus on a point

Step 4

Ask the client to focus on a particular point in his mind. and ask the client continue to breathe naturally throughout the meditation.

Commands

As you begin the meditation, feel the sensations arising in your body. Be aware of the coming and going of the breath through the nostrils and Stay on 20 minutes. Be with the breath continuously. When your mind diverts off into other thoughts, bring it back gently on particular point.

Step 5

The client may have different thoughts. Ask the client to focus on a single thought by bringing back the attention completely on particular point.

Commands

Keep your spine straight. Keep your body relaxed. Forget all other thoughts and keep concentrating on your breathing. Don't fight them. Instead, gently turn your attention back to your point of focus.

Step 6

Open your eyes slowly.

Conclusion

Through mindfulness meditation, the person's life patterns will be changed and mind will be relaxed. He will gain a depression-free life ahead. Given the recent interest and popularity of mindfulness meditation training with adults and its demonstrated usefulness to medical and clinical populations, we believe that adults could benefit from this focused awareness training as well.

APPENDIX-XI

bewpKi w

bewpfs;j pahdk;

mwpKfk;

kd mGjj k;j dpeghfs;c z htg(htkhf , l hgl L c z Uk;xU epi y MFk; vk;rp fuhj; (1970) vdgJ j dp eghpd; ghpeJ bfhsSf;Toa nj i tfFk/ ghpeJ bfhsSf;Toa brayj pWdFFk; , i l ggl l epi yahFk; , di wa ehl fsp; kd mGjj k; , i s" hfs; kwWk; taJ Kj pej thfs; kj j papy; bghJ thf fhz ggLfpmJ. kd mGjj k; nghi j bghUl fS fF moi kahdthfs; kj j papy; mj pfkhf fhz ggLfpmJ. vdnt bewpfs; j pahdj j pd; \yk; kd mGjj j i j Fi wff KoaK; bewpfs; j pahdk; ghukghpa gJ j kj eghfsPd;j pahd gapwrpapy; , UeJ btspggl l Ki wahFk; gJ j kj k; xU Kft[ua[d; bjhl ' fpaJ. mej Kft[uapy; kd j d; renj h# k; kwWk; Jauj j pd; moggi l epi dthwwy; vdWk/ , awi f cyfj i j ghpeJ bfhsS k; rfj p xU KGi kahd i kak; vdW Fwpggl ggl LssJ. j wnrhj i d braaK; tprhui z apd; moggi l epi dthwwy;kwWk;Raepi dt[MFk;

bewpfs;j pahdj j pd;ti uai w:

bewpfs; j pahdk; vdgJ ftdj i j rj wofFk; vz z ' fs; kwWk; cz ht[fi s gVffz j J mj wFkhwhf cz ht[fi s Fwj J eddwpt[kwWk; tHpggZ hnthL mi j VwWf;bfhz L c wW ftdpffyhk; bewpfs; j pahdk;20 epkpl ' fs;ti u bfhLf fggLfpmJ.

, tti f j pahdk; j wnghi j a thHfi fj; j Uz j i j Fwj J ftdj nj hL , UggJ kwWk; tHpggZ hnthL VwWf; bfhs;ti j

moggi l ahff; bfhz lJ. e' fs; c' fs; tPhggZ hi t tPhptG Lj j p/
j pahdj j pd; nghJ e' fs; mDgtpggi j ftdgj J/ c' fs; vz z ' fs; kwWk;
c z hrrpfi s j hgg[, yyhky; tPl ntz Lk;

bewpfs; j pahdk; c j t f; Toa epi yfs;

- xt; thi kfs;
- kd c i srry;
- M! Jkh
- kd mGj j k;
- kpj kp" r p c z q j y;
- gWneha;
- kpff tUj j c z h; t[
- fi sgg[
- , j a neha;
- c ah; , uj j mGj j k;
- typ
- J}ff gpurpi dfs;
- nghi j bghUl fS fF moi kahdthfs;

bewpfs; j pahdj j pd; edi kfs;

j pahdk; c' fS fF mi kj p kwWk; rkepi y VwgLj Jk; mj d; \yk;
c l y; kwWk; kdi j a[; nkkgLj Jk;

j pahdj j pd; edi kfs; gpd; tUkhW:

- kd mGj j j j py; , UeJ xU g[pa NHepi yfs py; bgw/
- j p wdfi s c Uthff kwWk; kd mGj j j i j rkhs pff/
- Ra tPhggZ h; t[mj p fhp fFk/
- epfHfhyj i j rkhs pff/

- vj phki wcz ht fi s Fi wjj y/
- ghJ fhgghd Ki wapy; tpUkgj j fhj vz z ' fs; kwWk; cz ht fi s mDgt pff cj t f p w J.
- eki k vgbghGJk; tpHggŁ hthf , Uff cj t f p w J.
- kwwthfi sa k; cyfj i j a k/ c ' fS l d; , i z f f c j t k/
- j hgg fi s rhpahf braygLj j c j t f p w J/
- bj hej ut [kwWk; tpUkgj j fhj mDgt' fi s Fi wff c j t f p w J/
- c ' fS fFk/ c ' fs; cz ht fS fFk; , i l na VwgLk; ntWghl i l mwj y;
- c ' fs; vz z ' fS l d; thH; ti j t p l / c yfj ; l d; neuoahf thH c j t f p w J.
- kdj Di l a vz z ' fs; kwWk; cz ht fi s fhyj i j nghy khwp bfhz nl , UfFk; vdgi j cz hj ; k/
- rkepi y c UthfFj y; kwWk; ryd g j j pi a Fi wff c j t f p w J.
- mi kj p kwWk; epkkj gj ahd epi yi a cz hj ; k/
- Ra Vwg [kwWk; Ra , uff Fz j i j c UthfFk;

bewpfs; j pahd Ki wfs;

, tti f j pahdk; j wngi j a thHfi fj; j Uz j i j Fwjj ; ftdj nj hL , UggJ kwWk; tpHggŁ hnthL VwW bfhs; ti j moggi l ahff; bfhz l J. vyyh tfahd j pahd' fSpYk; kpf RUffkhd j pahdk; , J. 15 Kj y; 20 epkl ' fs; bfhz l FWfpa mkht fSpy; bewpfs; j pahd gapwrp bfhLffggLk; ehsl tpy; j pahd mkht fSpy; vz z pfi fa k/ fhy mst k; Tl l ggLk;

bewpfs; j pahdk; kd mGjj j j j Fi wfft k/ kpf j shej epi y kwWk; neha; vj phgg [rfj pi a mj pfhpff c j t f p w J. , J k pft k; vsj hf

kwWk;neuk;kpf FWfpa fhyj j py;j pahdk;mi dj J Vuhskhd edi kfi s
tH' FfwwJ. , J kdepj y tll huk;tshrrp mi la KffpakhdJ. bewpfs;
j pahdk; bratjd; \yk; ehk; kd mi kj pak/ cWj pak/ rkhj hdKk;
mi layhk;

bewpfs;j pahdj j pd;Kd;egej i dfs;

bewpfs; j pahdk; bfhlggth; gpd;tUk; tHpKi wfi s i fahs
ntz Lk;

- bewpfs;j pahdk;vj wfhf bfhlffggLfwwJ kwWk;mj d;gadfi s
tptpff ntz Lk;
- brayKi wfi s tptpff ntz Lk;
- bewpfs;j pahdk;bfhlggj wF Kdg[xgg] y;bgtk;
- g' F bgWnthUl d;eyypz ffk;bfhsS' fs;
- mi kj pahf kwWk;fhwnwhl J khd NHepi yi a bfhlff ntz Lk;
- j shj j kwWk;trj pahd ci l fi smz peJ tUkhW Twntz Lk;
- i fffofhu' fi s eFfFkhW Twntz Lk;
- i fngrpfi s mi z j J i tfFkhW Twntz Lk;

bewpfs; j pahdk; bfhlggth; gpd;tUk; go epi yfi s fi lggpoff
ntz Lk;

go 1:

g' F bgWnthhpd;nj hui z / epkpeJ j shthd kwWk;RWRWgi gf;
fhl Lk;tz z khf , Ujj y;ntz Lk;

go 2:

g' F bgWnthhpd;tyJ i f khgpd;kUk/ , lJ i f tapwwpd;kUk;
i tfFkhW Twntz Lk;myyJ rpd;Kj j pi uapy; , UfFkhW Twntz Lk;

go 3:

fz fi s \ o/ xU gßspary; ftdk; brYj; JkhW Tw ntz Lk;

go 4:

g' F bgWn thi u xU Fwpgpl l gßspary; ftdj j j brYj; JkhWk;
kwWk; j pahdk; KGtJk; , awi fahf \ rR tPLti j bj hl UkhWk; Tw
ntz Lk;

fl j i sfs;

j pahdj j j bj hl ' Fk; nghJ/ c' fs; c l ypy; VwgLk; c z hrrpfi s
c z u ntz Lk; ehrrj ; J thuj j pd; tH pahf Rthrk; c sns kwWk; bts pna
tUti j ftdj j J 20 epkpl ' fs; ti u mt; thnw , Uff ntz Lk; Rthrk;
tPLti j bj hl u ntz Lk; c' fs; kdj py; j pi r j pUggk; ntW vz z ' fs;
tej hy/ klz Lk; bkJ thf mji d xU Fwpgpl l gßspFF bfhz L tu
ntz Lk;

go 5:

g' F bgWn thUFF tjj j pahrkhd ntW vz z ' fs; , Uff yhk; XU
Fwpgpl l gßspary; bkJ thf c' fs; vz z ' fi s bfhz L tUkhW Tw
ntz Lk;

fl j i sfs;

c' fs; KJF neuhf i tfft k; c' fs; c l i y j shej epi yapy;
i tfft k; mi dj ; J gw vz z ' fi s kwe; J c' fs; Rthrj j pd; kU ftdk;
brYj j ntz Lk; vz z ' fnshL nghuhl ntz Lk; mj wF gj pyhf/ c' fs;
vz z j i j bkJ thf j pUggt k/ xU Fwpgpl l gßspi a nehffp brYj j t k;

go 6:

bkJ thf fz fi s j wfft k;

Kot[u:

bewpfs; j pahdj j pd; \yk; xUthpd; thHfi f khwwk; kwWk;
kdepkkj p fpi l ffpwJ. mthfs;kd mGj j k;, yyhj thHfi fi a nehffp
bryyyhk; , J kUj ;t kwWk;kUj ;t rkkej ggl l kffS fF gadgLtJ
kl Lkyyhky;taJ Kj þej thfs;mi dtUfFk;gadgLfpwJ.

APPENDIX-XII





APPENDIX-IV

EXPERT OPINION FORMAT

INSTRUCTIONS

Kindly go through the items in the enclosed tool and place a tick mark against each item in the column provided indicating your opinion best

There are 2 column namely Agree and Disagree

If there are any suggestions, please mention them in the remarks column

DEMOGRAPHIC PROFILE

S.NO	AGREE	DISAGREE	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

EVALUATION CHECKLIST FOR GERIATRIC DEPRESSION SCALE (GDS)

SL.NO	AGREE	DISAGREE	REMARKS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
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17.			
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20.			
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26.			
27.			
28.			
29.			
30.			

APPENDIX-V(D)

CONTENT VALIDITY CERTIFICATE

I here by certifiy that,I have validated the tool of Mr.Unnikrishnan.N 2nd year M.sc nursing student of cherraans college of nursing,Coimbatore,who is undertaken dissertation work on **"EFFECTIVENESS OF MINDFULNESS MEDITATION ON DEPRESSION AMONG SENIOR CITIZEN IN A SELECTED OLD AGE HOME AT COIMBATORE"**

Signature of the expert:

Name:

Desgination:

Seal:

P. Samunani
P. SAMUNARANI
ASSO-PROFESSOR
KANCHI COLLEGE OF
NURSING

Place: COIMBATORE

Date: 4.4.14